

Name
in
Full

Another Adams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

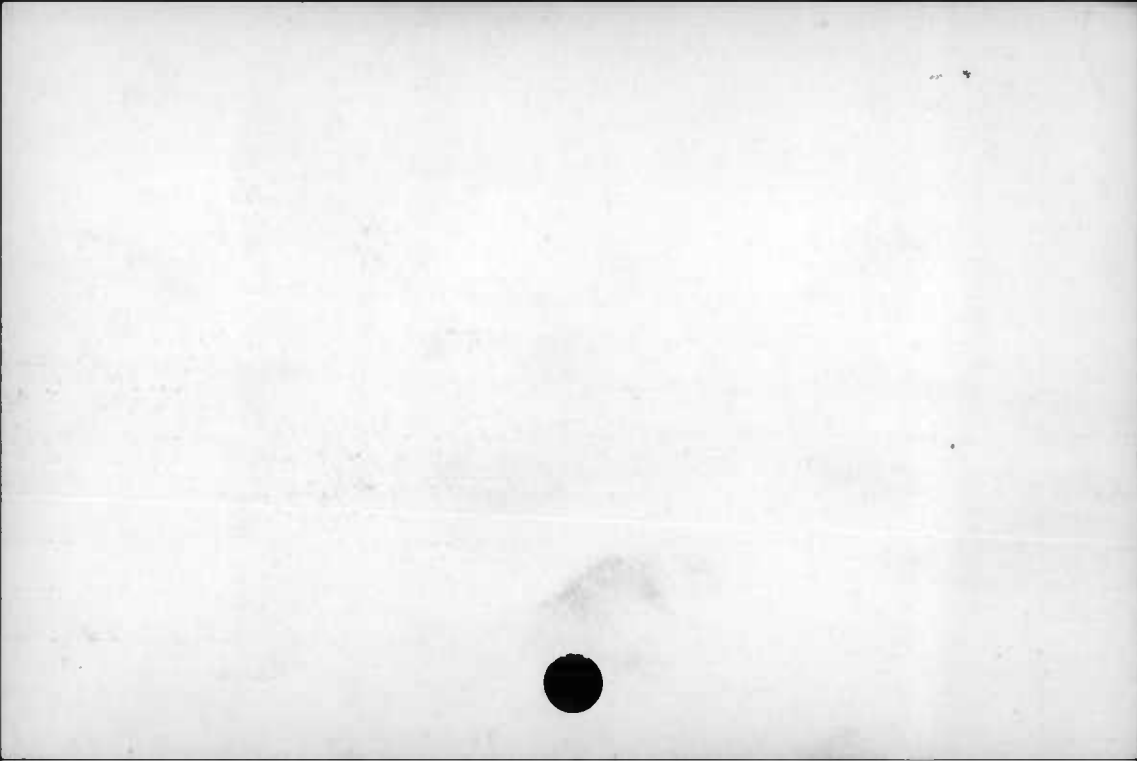
Died at		Town Pocomoke		County Worcester		MARYLAND	
Date of death	1901	Month 8	Day 6	Age 1	Years	Months	Days
Sex	female		Color or Race	col.		Birth- place	Ind.
Occupation	mm			Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name	Lit H Adams				Father's Birthplace	Ind.	
Mother's Maiden Name	Leah Gentry				Mother's Birthplace		
Name of person giving In formation	Haller				How related to deceased		

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	Cholera Buparker	How long	2 hr
Immediate	Exhaustion	How long	2 min
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

Arthur Aydelow

Died at ^{Town} *Paromoh city*

County

Worrestar

MARYLAND

Date of death *1907* ^{Month} *aug* ^{Day} *1*Age ^{Years} *2*

Months

Days

Sex *male*Color or
Race*colored*Birth-
place*Worrestar co*

Occupation

*Infant*Where Residing if not
at place of death*" "*Married, Single
or WidowedName of Wife or
Husband*—*Father's
Name*Lloyd Aydelow*Father's
Birthplace*" "*Mother's
Maiden Name*Mary H Lane*Mother's
Birthplace*" "*Name of person giving
Information*Lloyd Aydelow*How related
to deceased*Father*

CAUSES OF DEATH

104

Primary

Cholera Infantum

How long

3 weeks

Immediate

Exhaustion

How long

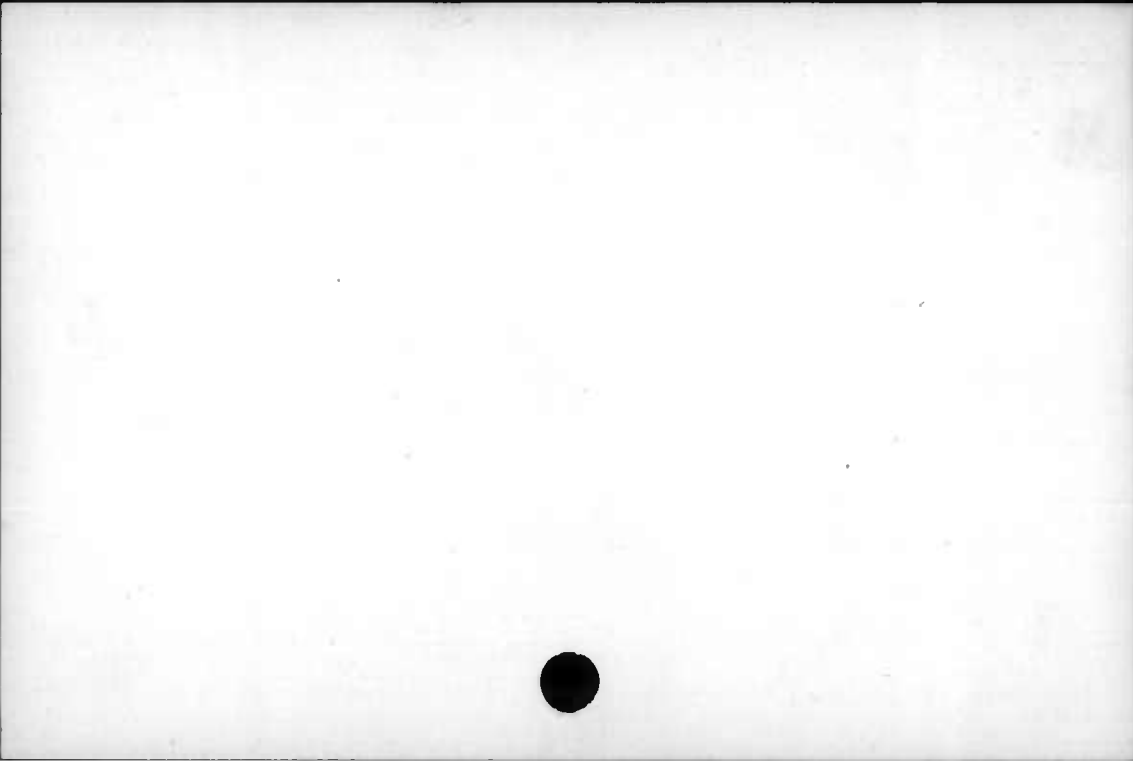
Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*Samuel J. Lane*

Address

Paromoh city

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
In
Full

CERTIFICATE OF DEATH

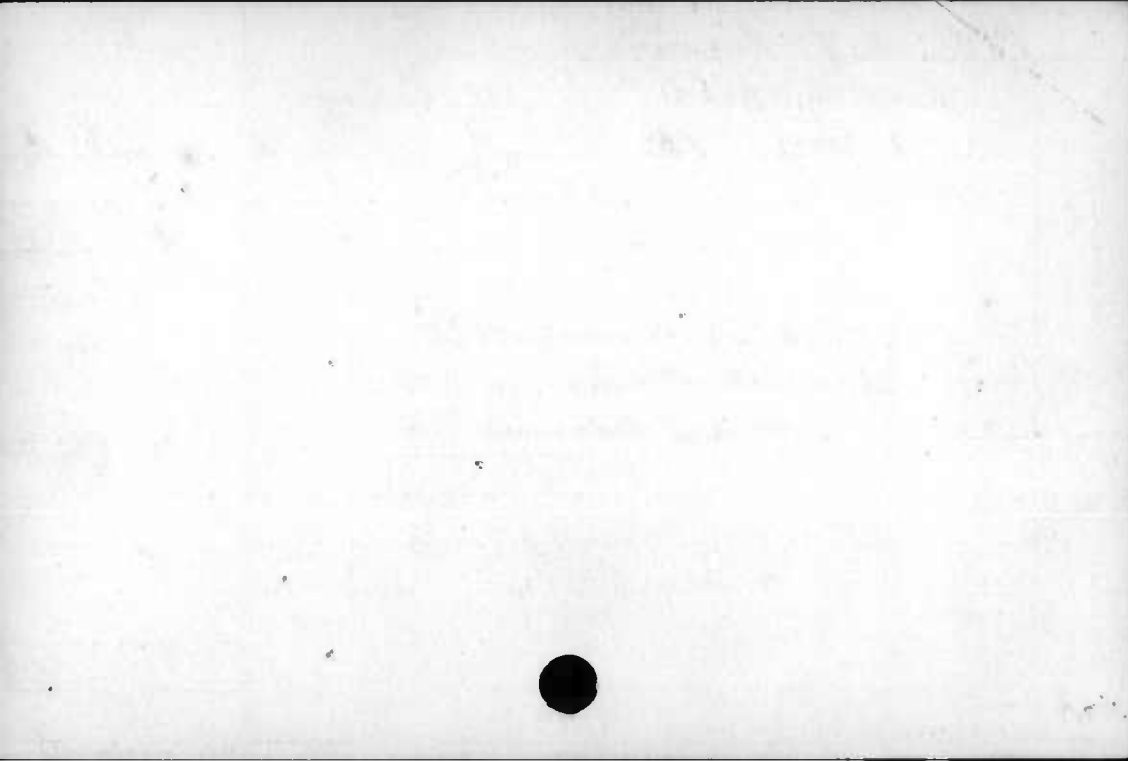
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Wm B D Boninville Jr.</i>		Town <i>Snow Hill</i>		County <i>Worcester</i>		MARYLAND	
Died at		Date of death <i>1907</i>		Month <i>Aug</i>		Day <i>16</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Age <i>1</i>		Years <i>4</i>	
Occupation		Birth-place <i>Ind</i>		Months		Days <i>8</i>	
Where Residing if not at place of death		Married, Single or Widowed <i>✓</i>		Name of Wife or Husband			
Father's Name <i>Wm B D Boninville</i>		Father's Birthplace <i>Ind</i>		Mother's Maiden Name <i>Mollie Hales</i>		Mother's Birthplace <i>Ind</i>	
Name of person giving information <i>Wm B D Boninville</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Meningitis</i>	How long	<i>3 weeks</i>
Immediate	<i>Meningitis</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W. D. Stanley</i>	
Address <i>Snow Hill. Ind</i>			
Accident or Suicide? <i>Neither.</i>			



Name
in
Full

Louis A. Bonniwell

CERTIFICATE OF DEATH

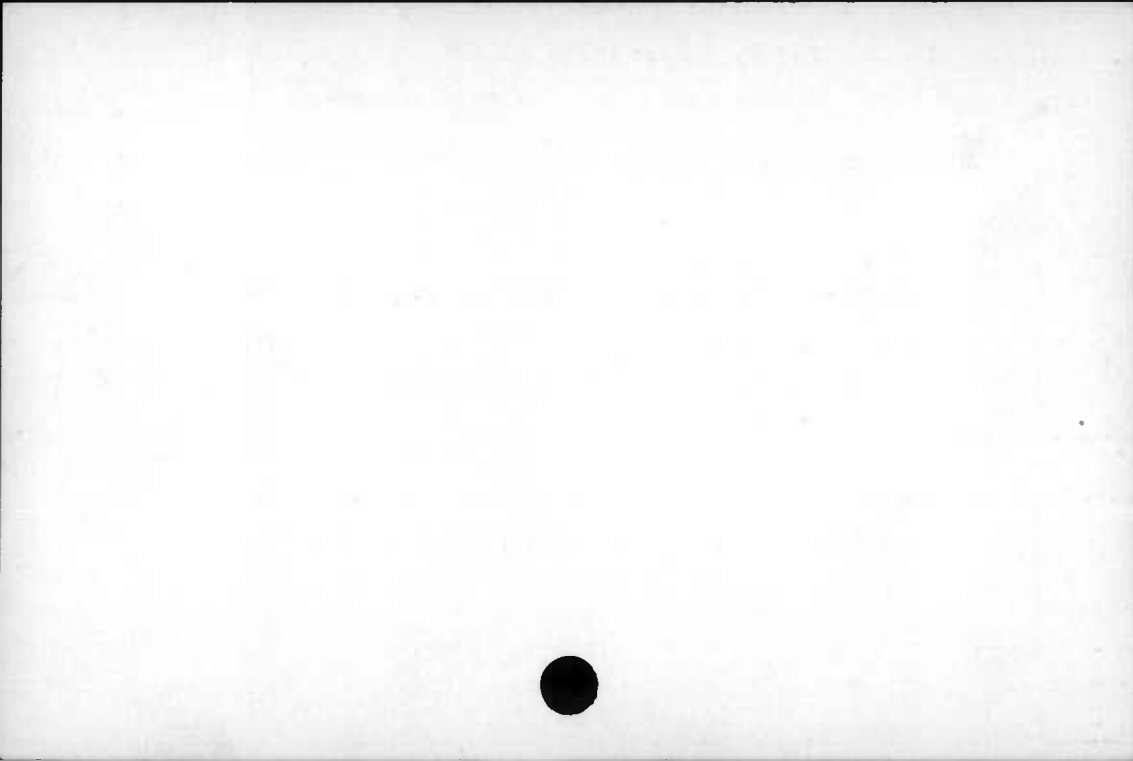
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Snow Hill</u> Town		<u>Worcester</u> County		MARYLAND	
Date of death	1907	Month	Aug	Day	2
Age	4	Years	4	Months	16
Sex	male	Color or Race	white	Birth-place	Ind
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Loral Bonniwell			Father's Birthplace	Ind
Mother's Maiden Name	Elizabeth K Bradford			Mother's Birthplace	Ind
Name of person giving information	Loral Bonniwell			How related to deceased	father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Premature birth	(151)	How long
Immediate	Inanition		How long 4 mo
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Therone
		Address	Snow Hill
Accident or Suicide?	no		Mr



Name
in
Full

Bertha Buddell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

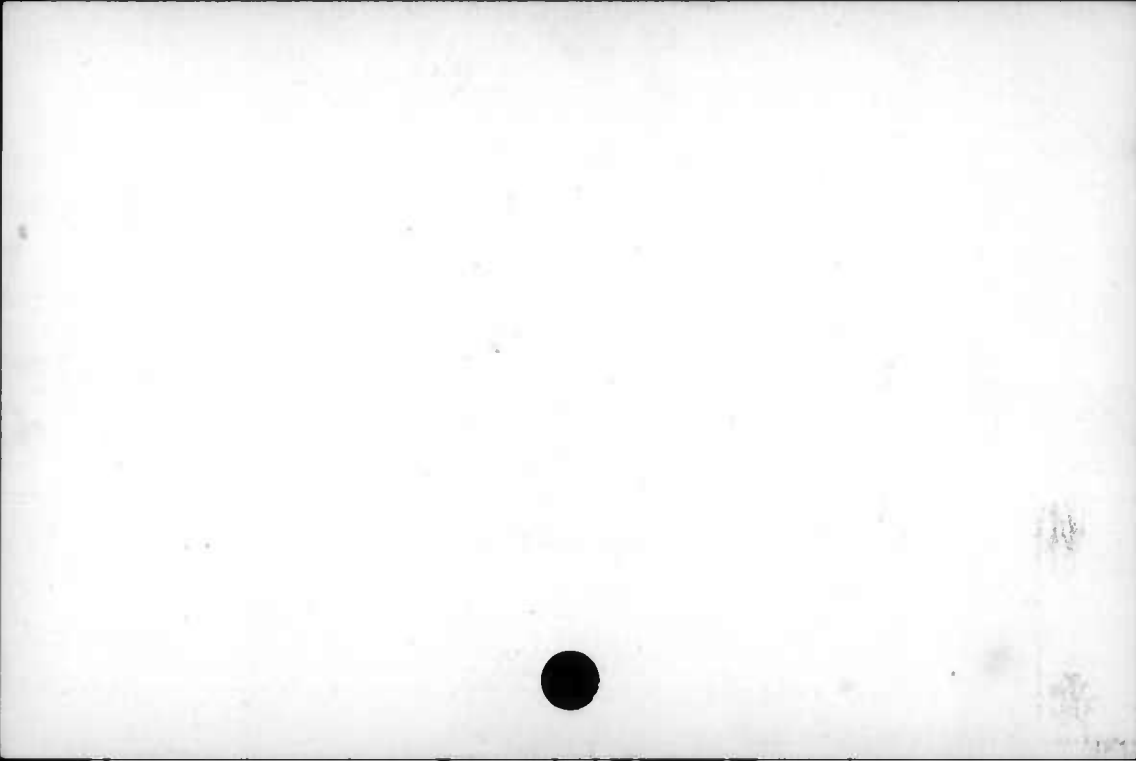
Died at <i>Near Berlin</i>		County <i>Worcester</i>		MARYLAND	
Date of death	1907	Month	8	Day	17
Age	22	Years		Months	
Sex	Female	Color or Race	Black	Birth-place	End
Occupation	House wife	Where residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband <i>John Paul Buddell</i>			
Father's Name	<i>William H. Hazzett</i>			Father's Birthplace	<i>Berlin Md.</i>
Mother's Maiden Name	<i>Arny</i>			Mother's Birthplace	<i>Berlin Md.</i>
Name of person giving information	<i>John Buddell</i>			How related to deceased	<i>Husband</i>

CAUSES OF DEATH

129

PHYSICIAN
OR CORONER

Primary	<i>A large Fibrous tumor</i>	How long	<i>1 or 2 years</i>
Immediate	<i>Mechanical delivery of child</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Geo. Holland</i>	
		Address <i>Berlin Md.</i>	
Accident or Suicide?			



Name
in
Full

No Name

Bridgell

CERTIFICATE OF DEATH

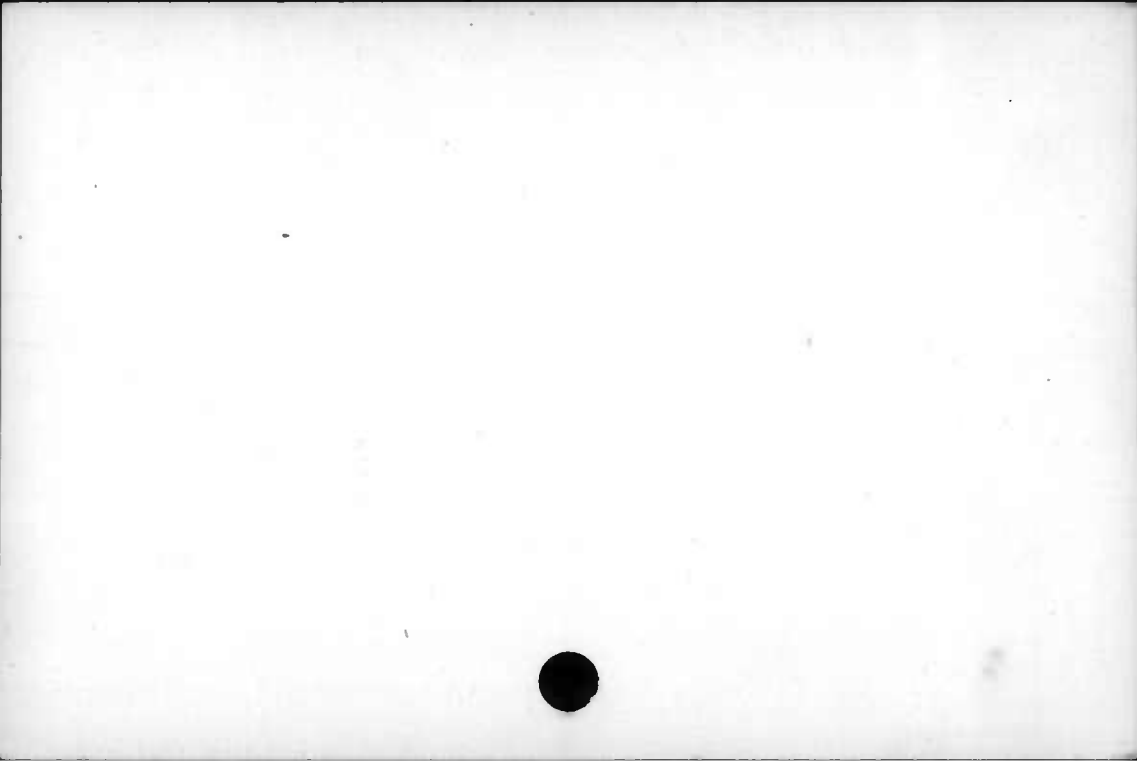
TO BE ANSWERED BY
NEAREST FRIEND

Died at Town <i>Berlin</i>		County <i>Worcester</i>		MARYLAND	
Date of death 190	7	Month 8	Day 15	Age 0	Years 0
Sex <i>male</i>	Color or Race <i>Blk</i>		Birth- place <i>Berlin</i>		
Occupation <i>0</i>			Where Residing if not at place of death <i>in utero</i>		
<u>Married, Single or Widowed</u>		<u>Name of Wife or Husband</u>			
Father's Name <i>Joe Paul Bridgell</i>		Father's Birthplace <i>Berlin</i>			
Mother's Maiden Name <i>Bertha Fossett</i>		Mother's Birthplace <i>Berlin</i>			
Name of person giving in formation <i>Chc Holler &</i>		How related to deceased <i>none</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Alargofila & leucum in uterus</i>	How long
Immediate <i>Shogreen: of back</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>JS</i>	Signature of Physician <i>Chc Holler &</i>
	Address <i>Berlin</i> <i>MD</i>
<u>Was it or Suicide?</u>	



Name
in
Full

Therzella Brittingham

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

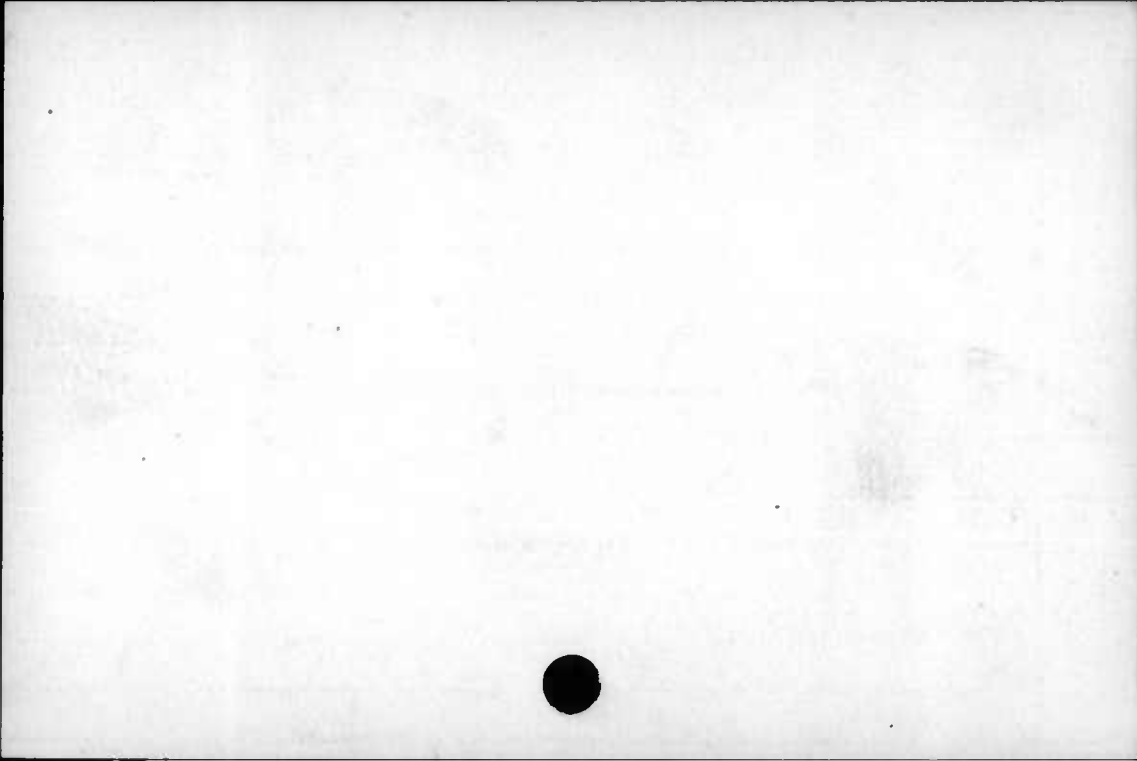
Died at <u>Queenover</u> <small>Town</small>		<u>Worcester</u> <small>County</small>		MARYLAND	
Date of death	<u>1907</u> <small>Month</small>	<u>Aug</u> <small>Day</small>	<u>4</u> <small>Years</small>	<u>79</u> <small>Months</small>	<u>—</u> <small>Days</small>
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth-place	<u>Maryland</u>
Occupation	<u>Housework</u>		Where Residing if not at place of death		
Married, Single or Widowed	<u>Single</u>		Name of Wife or Husband <u>Unknown</u>		
Father's Name	<u>William Brittingham</u>		Father's Birthplace	<u>Maryland</u>	
Mother's Maiden Name	<u>Sally Brittingham</u>		Mother's Birthplace	<u>Maryland</u>	
Name of person giving information	<u>Lee Bradford</u>		How related to deceased	<u>Son in Law</u>	

CAUSES OF DEATH

41

PHYSICIAN
OR CORONER

Primary	<u>Carcinoma of Intestine</u>	How long	<u>1 month</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>W. B. Jones</u>
		Address	<u>Brighton Md</u>
Accident or Suicide?			



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

James H Collins

Died at

Stockton

Town

County

Worcester

MARYLAND

Date

of death 190

Month

7 Aug

Day

20

Age

Years

69

Months

Days

1

Sex

Male

Color or
Race

White

Birth-
place

Md

Occupation

Farmer

Where Residing if not
at place of death

Stockton Md

Married, ~~single~~Name of Wife or
Husband

Leah E Collins

Father's
Name

James H Collins

Father's
Birthplace

Md

Mother's
Maiden Name

Susan Payne

Mother's
Birthplace

Md

Name of person giving
information

George H Collins

How related
to deceased

Daughter

CAUSES OF DEATH

(14)

PHYSICIAN
OR CORONER

Primary

Dysentery & Exhaustion

How long

3 weeks

Immediate

Exhaustion

How long

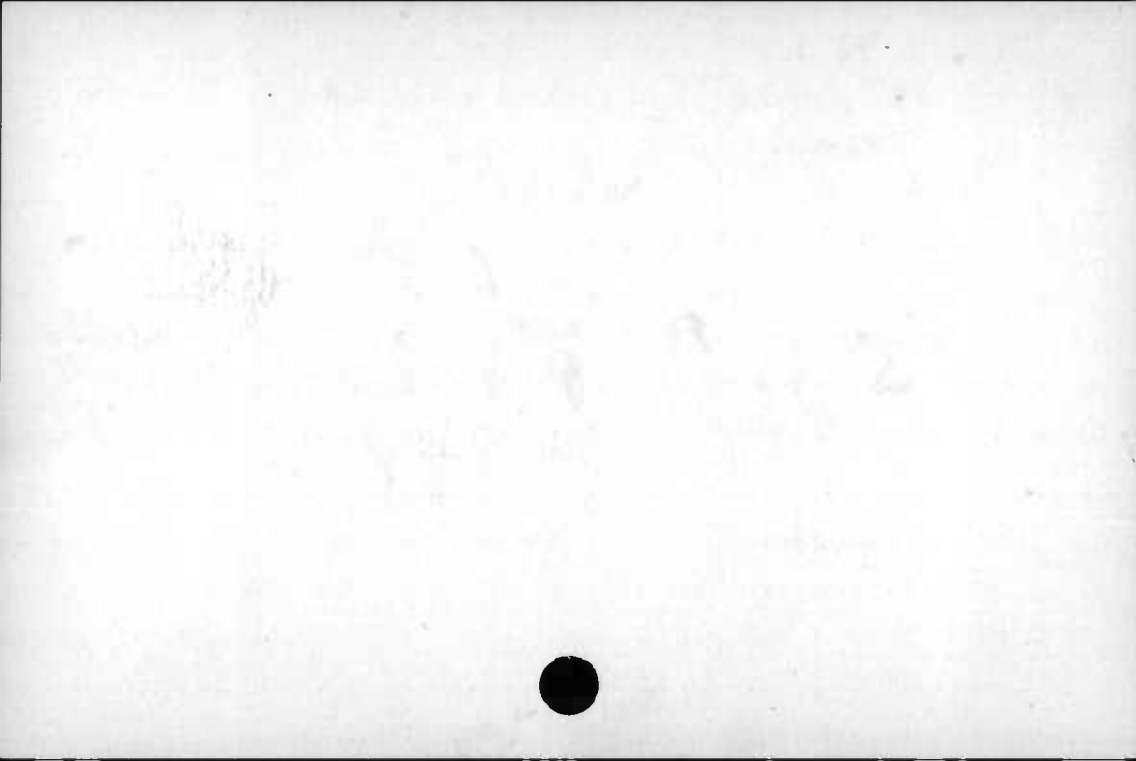
2 days

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Wm O. Payne, Jr.

Address

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

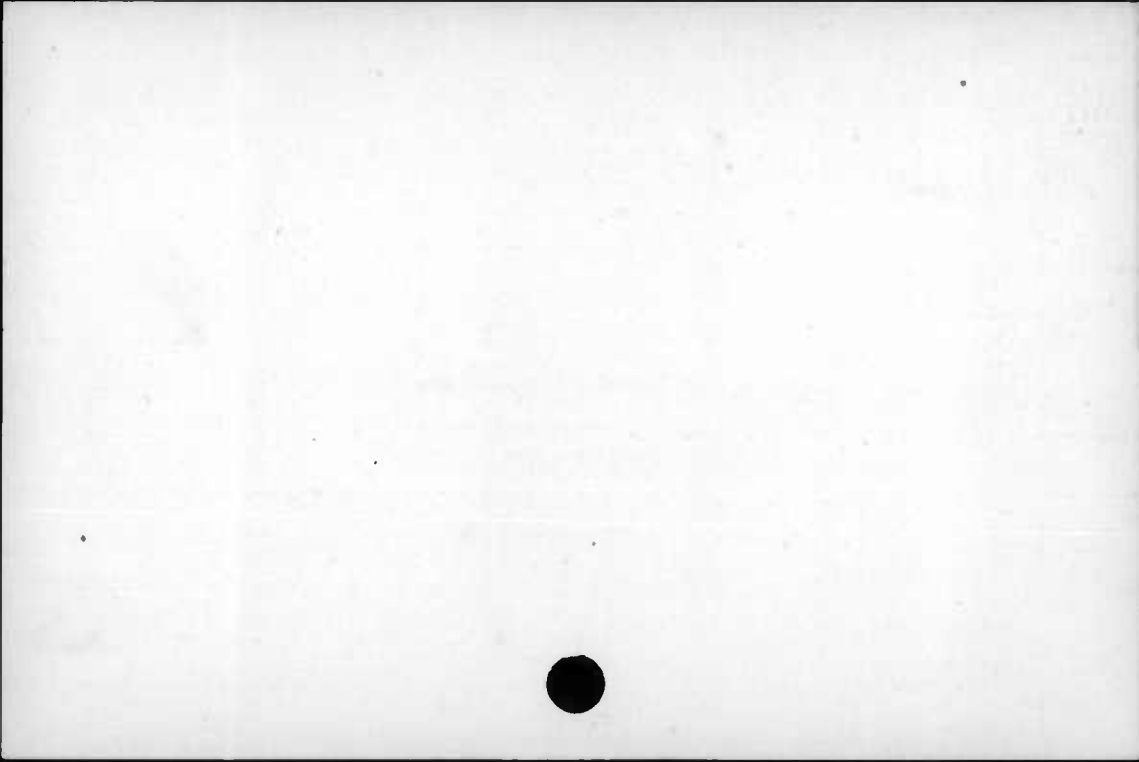
Name <i>Norman Cooper</i>		Town <i>Bishopville</i>		County <i>Worcester</i>		MARYLAND	
Died at <i>Bishopville</i>		Month <i>August</i>		Day <i>4</i>		Age <i>5</i> Years <i>24</i> Months	
Date of death <i>1907</i>		Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>	
Occupation <i>None</i>		Where Residing if not at place of death <i>at home</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>					
Father's Name <i>L E Smith Cooper</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Ella Collins</i>		Mother's Birthplace <i>Ind</i>					
Name of person giving information <i>Janice Townsend</i>		How related to deceased <i>Sister/mother</i>					

CAUSES OF DEATH

(105)

PHYSICIAN
OR CORONER

Primary <i>Colony infantum</i>	How long <i>one week</i>
Immediate <i>No</i>	How long <i>one week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. Raynor</i>
	Address <i>Bishopville Ind</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

Chas M Crockett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

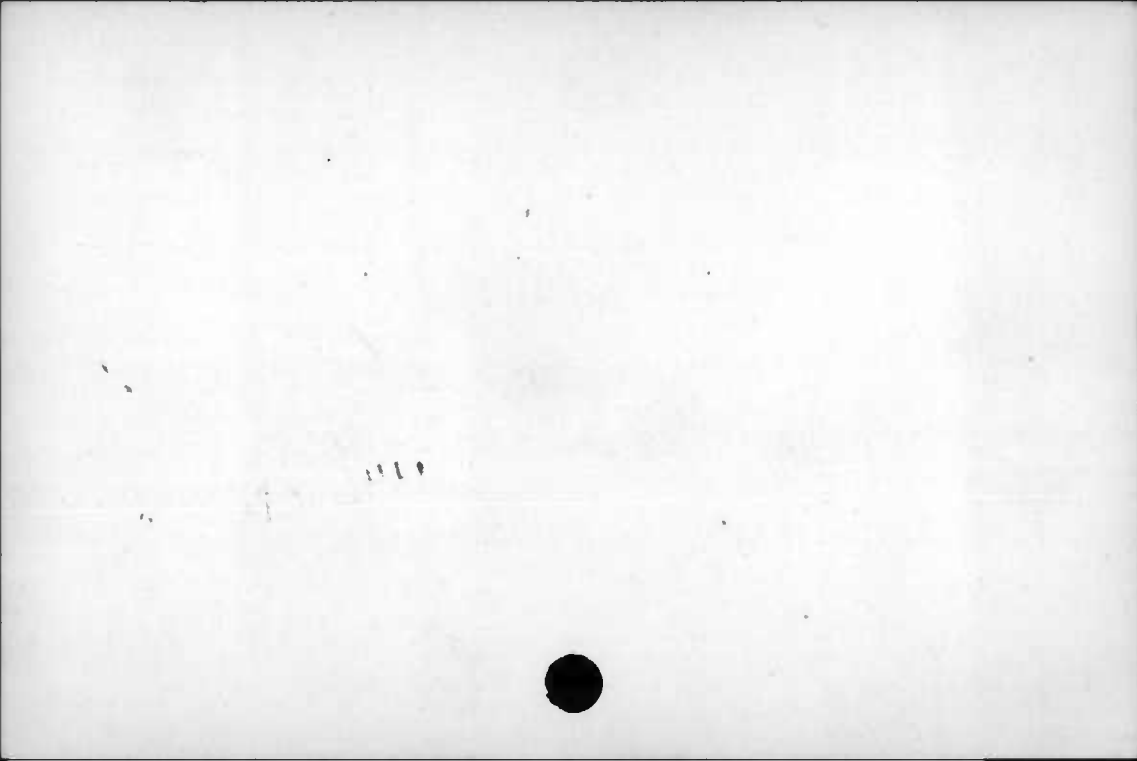
Died at		Town Pocomoke City		County Worcester		MARYLAND	
Date of death		1907	Month Aug	Day 7	Age 53	Months -	Days -
Sex Male		Color or Race White		Birth-place Pocomoke City			
Occupation Ship builder		Where Residing if not at place of death Brown					
Married, Single or Widowed Married		Name of Wife or Husband Ella Crockett					
Father's Name Daniel Crockett		Father's Birthplace Somerset Co Md					
Mother's Maiden Name Sarah Fitzgerald		Mother's Birthplace Worcester Md					
Name of person giving information Ella Crockett		How related to deceased Wife					

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	Valvular Heart Disease (Mitral)	How long 6-7 years
Immediate	Ruptured Compensation	How long Several days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician R. Lee Hall
Death was sudden		Address Pocomoke City Md
Accident or Suicide?		



Name
in
Full

Charlie Fleming.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Pocomoke, Md. Worcester County
Date of death 1907 Aug. 18th Age 40 Months Days Years
Sex Male Color or Race White Birthplace Worcester Co.
Occupation Farmer Where Residing if not at place of death Same

Married, Single or Widowed Single Name of Wife or Husband —
Father's Name Alfred Fleming Father's Birthplace Worcester Co.
Mother's Maiden Name Mary A. Butler Mother's Birthplace Worcester Co.
Name of person giving Information Rufus Butler How related to deceased Uncle

CAUSES OF DEATH

Primary Typhoid fever How long 4 weeks
Immediate Exhaustion How long gradual 5 weeks

Are the name, age, sex, color, date and place correctly given above?

yes

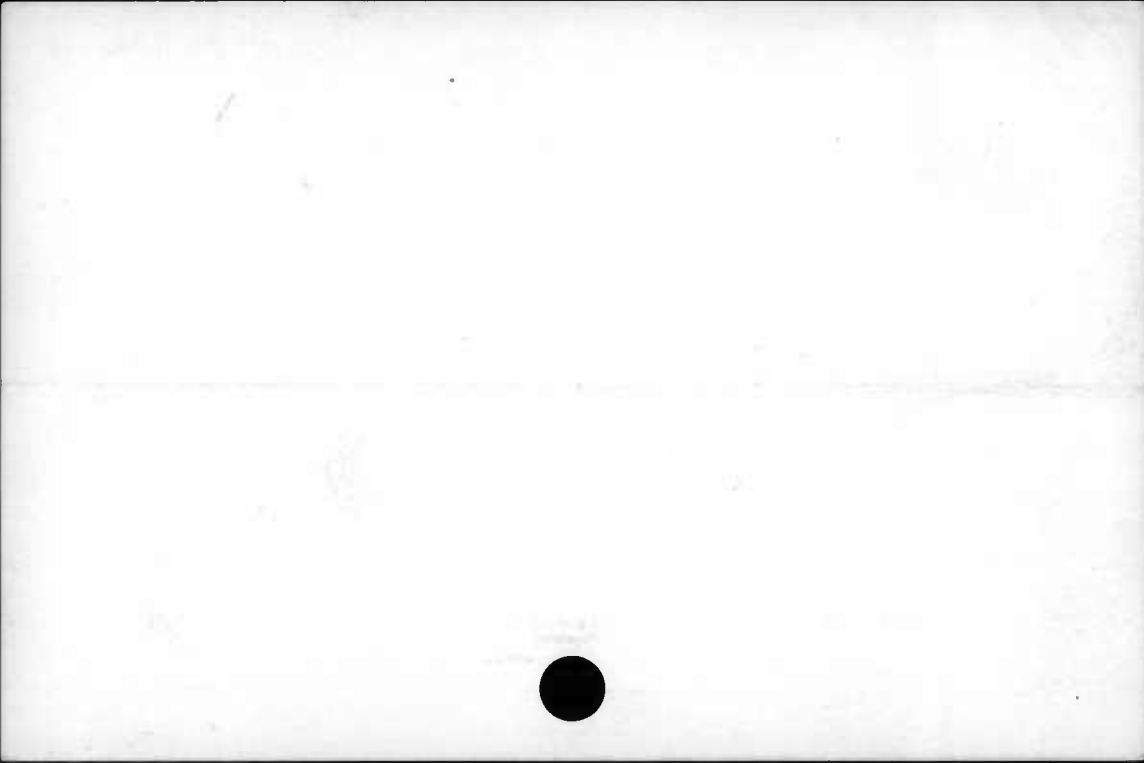
Signature of Physician

Address

F. W. C. S. M. M.
Pocomoke, Md.
Worcester Co.

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Harry E. Hadden

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

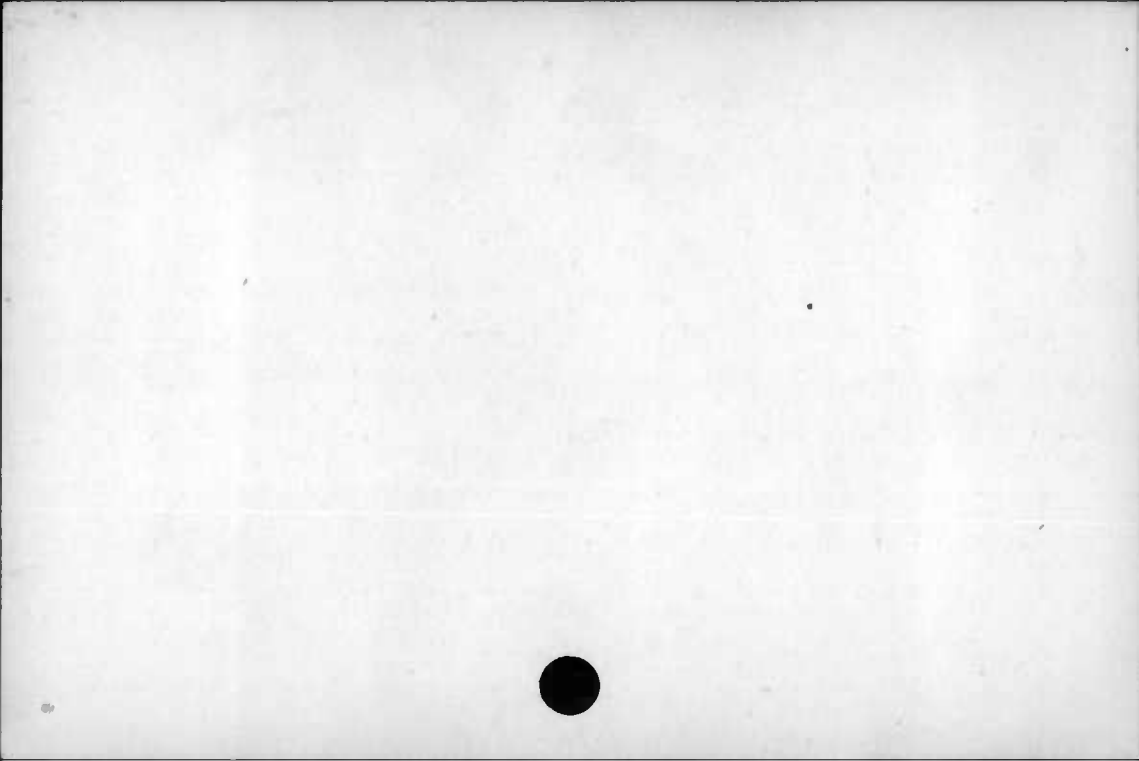
Died at <i>Near Berlin</i>		Town <i>Voicerhi</i>		County		MARYLAND	
Date of death	<i>1907</i>	Month <i>Aug</i>	Day <i>21</i>	Age	Years	Months <i>5</i>	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth place <i>Sud</i>				
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>James Hadden</i>				Father's Birthplace <i>Sud</i>			
Mother's Maiden Name <i>Fanny B. Fisher</i>				Mother's Birthplace <i>Sud</i>			
Name of person giving information <i>Mrs Emory Davis</i>				How related to deceased <i>None</i>			

CAUSES OF DEATH

8

PHYSICIAN
OR CORONER

Primary <i>Hooping cough</i>	How long <i>5 weeks</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>No objection</i>
	Address <i>L A Massey</i>
Accident or Suicide?	<i>O.K.</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Maryland* *by* *Worchester*

Town

County

Date of death *1907* *August* *21*

Month

Day

Age

Years

Months

Days

Sex *Female*Color or
Race*White*Birth-
place*Maryland*

Occupation

*Housework*Where Residing if not
at place of death*At home*Married, Single
or Widowed*Married*Name of Wife or
Husband*Mary Westing*Father's
Name*Sealthal Baker*Father's
Birthplace*Maryland*Mother's
Maiden Name*Nancy Beckwith*Mother's
Birthplace*Ind*Name of person giving
Information*Lizzie Humblin*How related
to deceased*Daughter*

CAUSES OF DEATH

Primary

*Consumption**27*

How long

10 months

Immediate

No

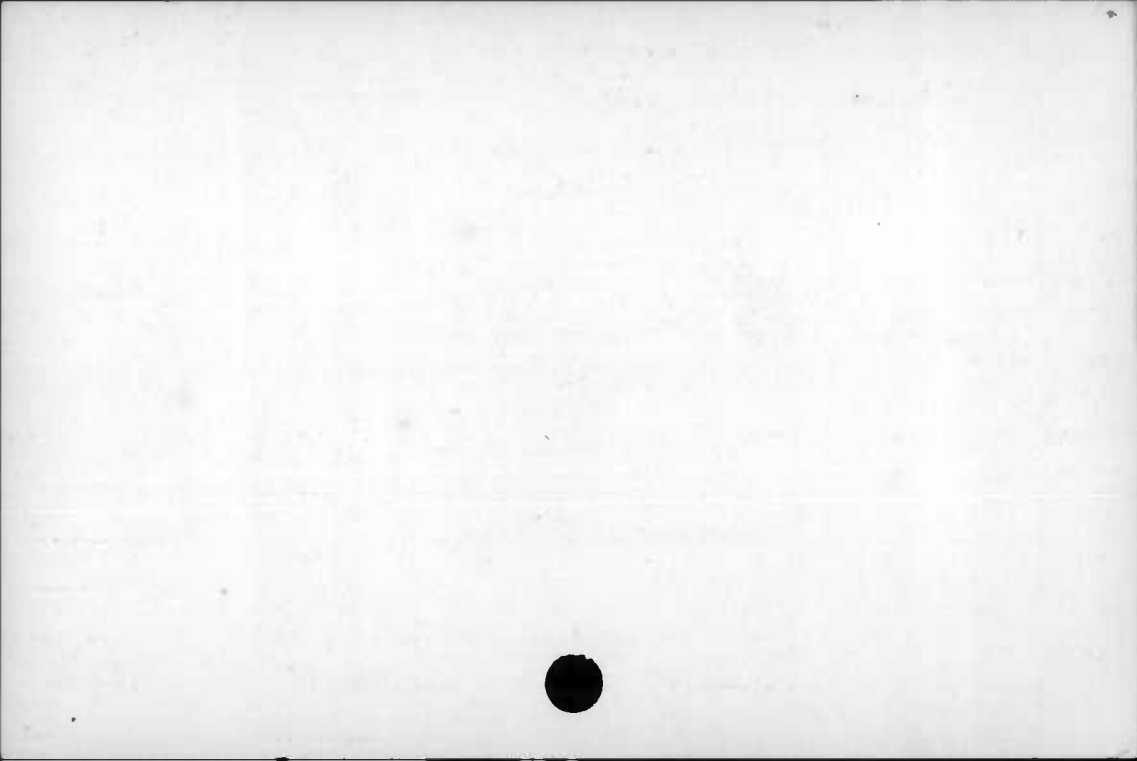
How long

Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*P. Rayner*

Address

Bishopville Ind

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		Aug	29			4	
Sex	Female	Color or Race	white	Birth-place	Md		
Occupation				Where Residing if not at place of death			
Married, Single or Widowed	v			Name of Wife or Husband	v		
Father's Name	John H. Heathman				Father's Birthplace	Md	
Mother's Maiden Name	Polly Ann Curtis				Mother's Birthplace	Va	
Name of person giving information	Jas. C. Taylor				How related to deceased	None	

CAUSES OF DEATH

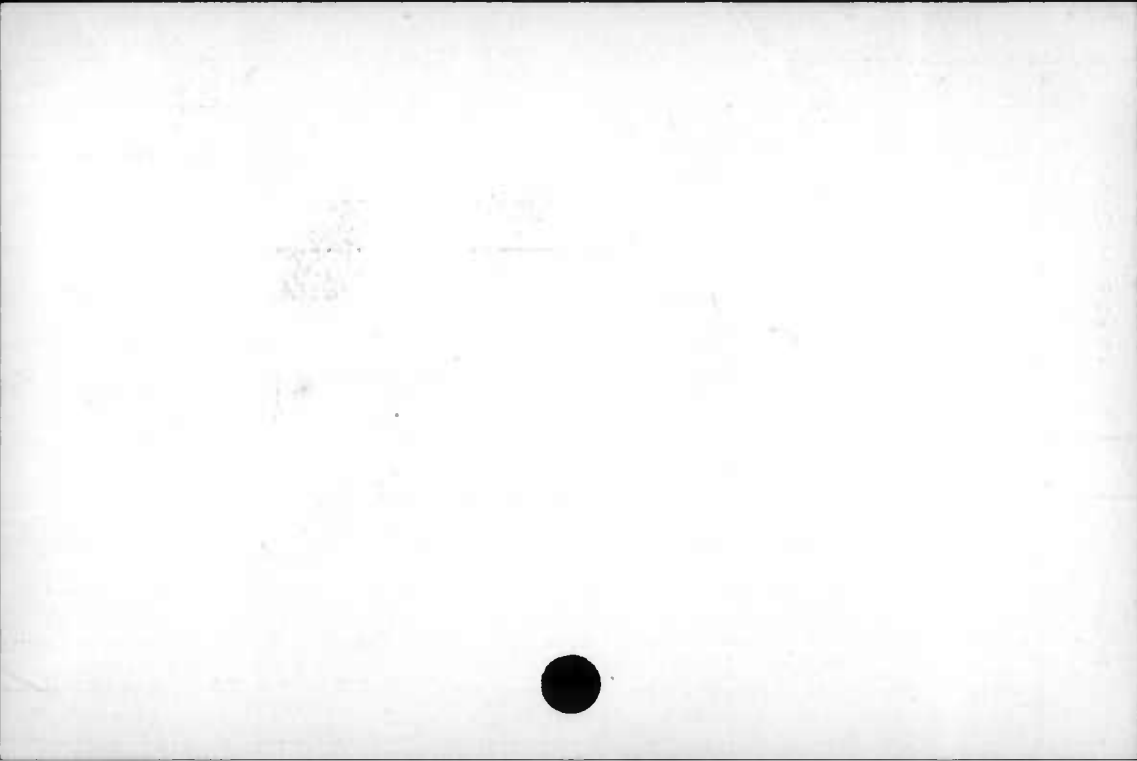
179

PHYSICIAN
OR CORONER

Primary	Macannus	How long	4 m
Immediate	Exhaustion	How long	1 m
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. M. Wilson
		Address	Brancho City
Accident or Suicide?	v		

7/22 8/1-07

Name in Full		Paddie Holland				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Stevenson		County		Worcester		
	Date of death	1907	Month	Aug	Day	30	Age	12
	Sex	Female		Color or Race	Colored		Birth-place	Mich
	Occupation	-			Where Residing if not at place of death			-
	Married, Single or Widowed	Single		Name of Wife or Husband				-
	Father's Name	Linn Holland				Father's Birthplace	Mich	
	Mother's Maiden Name	Annie Marshall				Mother's Birthplace	Mich	
	Name of person giving information	Edward Collins				How related to deceased	Nephew	
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right;">①</div>								
PHYSICIAN OR CORONER	Primary	Typhoid fever				How long	2 weeks	
	Immediate	Intestinal hemorrhages				How long	2 days	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		J. D. Dickerson	
					Address		Stevenson Worcester Co	
Accident or Suicide? <input type="checkbox"/>								



Name
in
Full

Martin Bernard Long

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

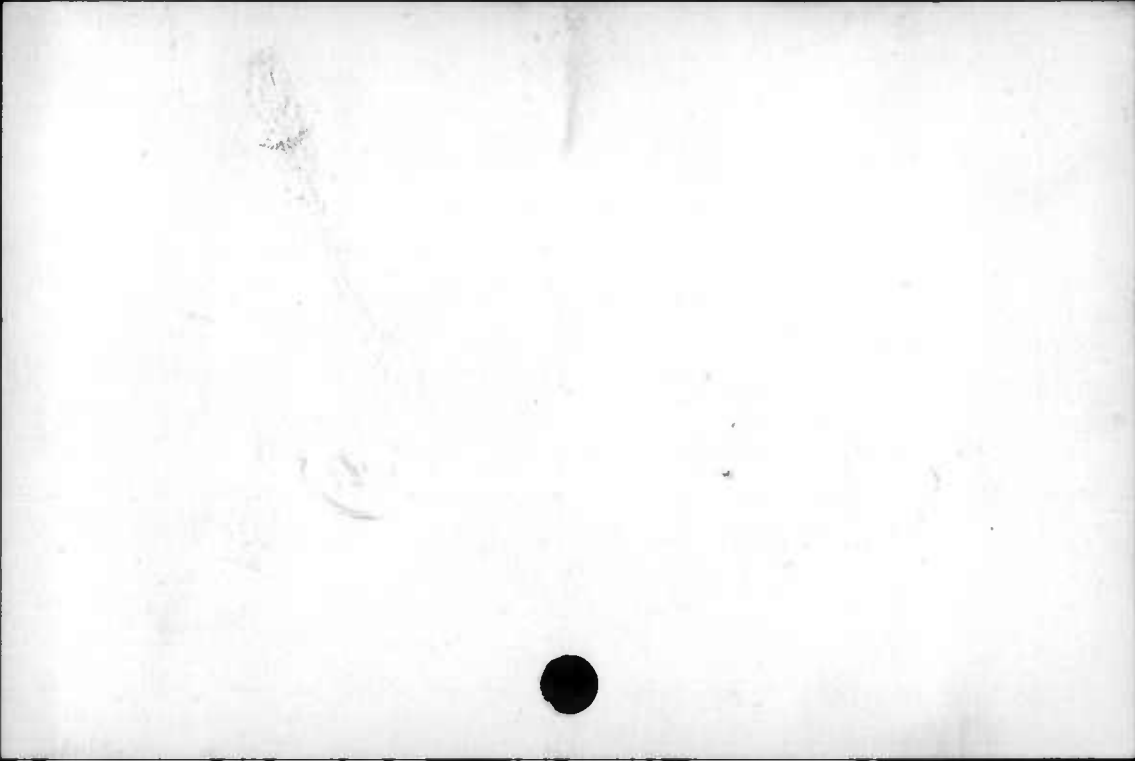
Died at <i>Ocean City</i> Town		<i>Worcester</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>August</i>	Day <i>7th</i>	Age	Months <i>9</i>	Days <i>12</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ocean City - Md</i>		
Occupation <i>X</i>	<i>X</i>		Where Residing if not at place of death <i>Ocean City - Md</i>		
Married, Single or Widowed <i>X X</i>	Name of Wife or Husband				
Father's Name <i>Benjamin Swanton Long</i>	Father's Birthplace <i>Sweden</i>				
Mother's Maiden Name <i>Anna Virginia Ludlam</i>	Mother's Birthplace <i>New Jersey</i>				
Name of person giving information <i>Benjamin S. Long</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

14

PHYSICIAN
OR CORONER

Primary <i>Botcher fed baby</i>	How long <i>9 months</i>
Immediate <i>Dysentery</i>	How long <i>About 20 days.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. B. Bayett M.D.</i>
	Address <i>Ocean City - Md.</i>
Accident or Suicide?	<i>L. A. Massey</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

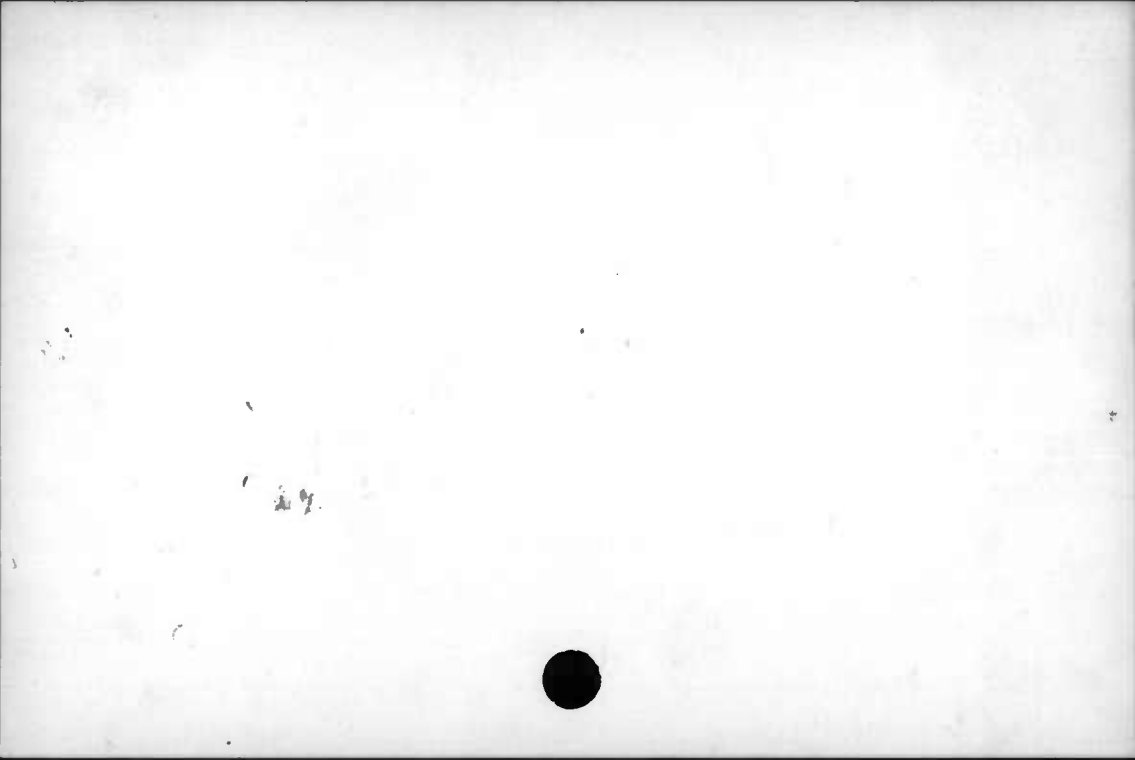
Died at <i>Poppoake city</i> Town		<i>Brown</i> County			
Date of death <i>1907</i>	Month <i>Aug</i>	Day <i>7</i>	Age <i>1</i> Years	Months	Days
Sex <i>Female</i>	Color or Race <i>colored</i>		Birthplace <i>Poppoake city</i>		
Occupation <i>dry cleaner</i>		Where Residing if not at place of death <i>" "</i>			
Married, Single or Widowed <i>"</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Samuel Long</i>		Father's Birthplace <i>al</i>		<i>al</i>	
Mother's Maiden Name <i>Lulu Williams</i>		Mother's Birthplace <i>Accomac Co Pa</i>			
Name of person giving information <i>Samuel Long</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

6

PHYSICIAN
OR CORONER

Primary <i>Malaria Fever + Malaria</i>	How long <i>a month</i>
Immediate <i>Congestion + Convulsion</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Samuel J. L. L. L.</i>
	Address <i>Poppoake city Md</i>
Accident or Suicide?	



Name
in
Full

William Long

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

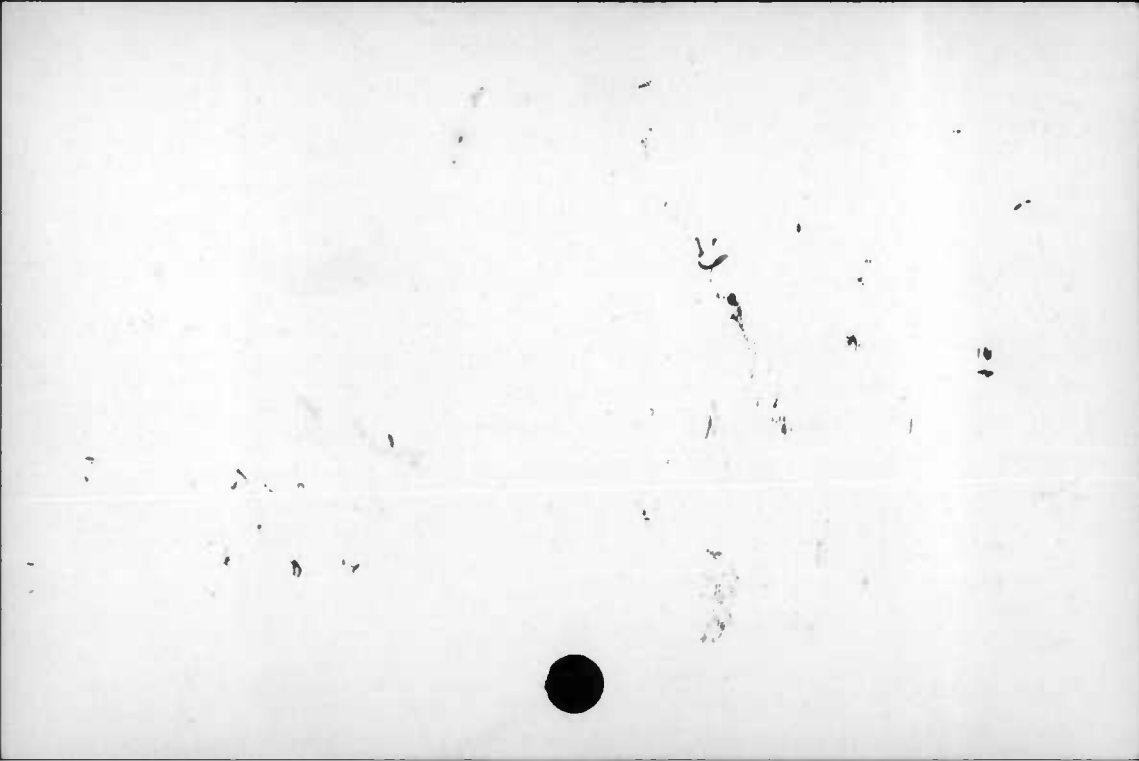
Died at <u>Pocomoke City</u> ^{Town}		<u>Worcester</u> ^{County}		MARYLAND	
Date of death <u>1907</u>	<u>Aug</u> ^{Month}	<u>11</u> ^{Day}	Age <u>37</u> ^{Years}	<u>4</u> ^{Months}	<u>23</u> ^{Days}
Sex <u>Male</u>	Color or Race <u>Col</u>		Birth-place <u>Pocomoke Md</u>		
Occupation <u>Carpenter R. Roads</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Margaret Long</u>				
Father's Name <u>Henry Long</u>	Father's Birthplace <u>near Pocomoke</u>				
Mother's Maiden Name <u>Ann Long</u>	Mother's Birthplace <u>" "</u>				
Name of person giving information <u>Marion Hanger</u>	How related to deceased <u>Uncle</u>				

CAUSES OF DEATH

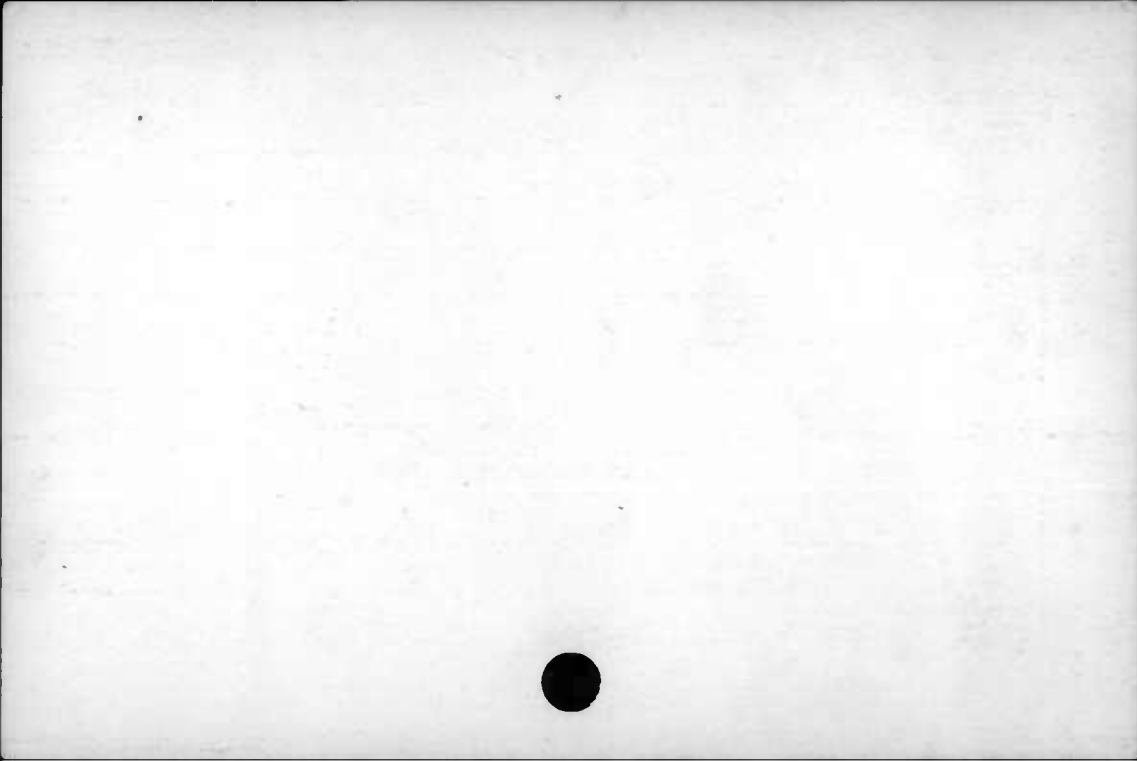
34

PHYSICIAN
OR CORONER

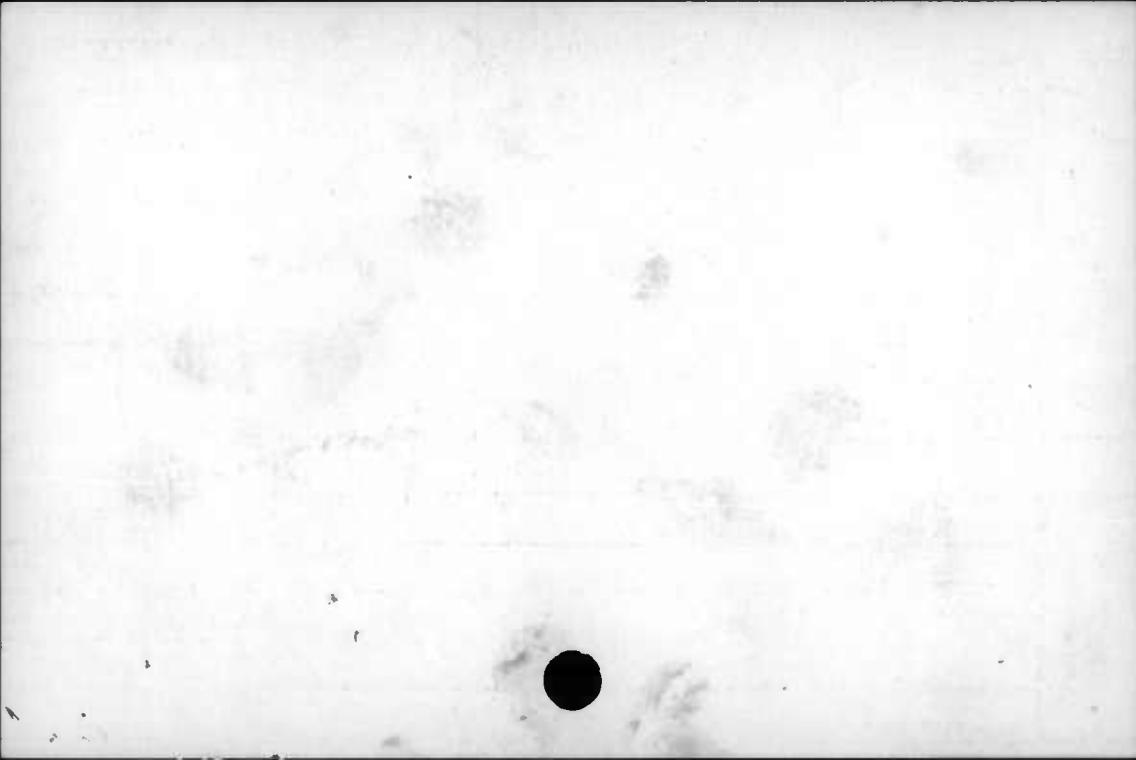
Primary	How long <u>Unknown</u>
Immediate <u>General Tuberculosis</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>D. J. O. Trull</u>
	Address <u>Pocomoke City Maryland</u>
Accident or Suicide?	



Name in Full		Bally Mannical				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Potsdam		County Worcester		MARYLAND
	Date of death		Month Aug	Day 11	Years 86-	Months 7	
	Sex Female		Color or Race Colored		Birth-place Md		
	Occupation House-wife		Where Residing if not at place of death -				
	Married, Single or Widowed Widow		Name of Wife or Husband William Mannical				
	Father's Name Hamm		Father's Birthplace Md				
	Mother's Maiden Name Ourt Kiger		Mother's Birthplace Unknown				
Name of person giving information Edward Mannical		How related to deceased Son					
<div style="text-align: center;">CAUSES OF DEATH 14</div>							
PHYSICIAN OR CORONER	Primary Dysentery				How long 10 Days		
	Immediate Cerebral Thrombosis				How long 4 "		
	Are the name, age, sex, color, date and place correctly given above? Yes				Signature of Physician J. O. Dyckman		
					Address Potsdam Worcester Co		
	Accident or Suicide?						



Name in Full		Francis Marshall				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Pasadena City		Morris Co		MARYLAND	
	Date of death	1907	Aug	31	Age	9	9
	Sex	Male		Color or Race	colored		Birth-place
	Occupation	Infant		Where Residing if not at place of death			
	Married, Single or Widowed	"		Name of Wife or Husband			
	Father's Name	Asbury Marshall				Father's Birthplace	" "
	Mother's Maiden Name	Emily Douglas				Mother's Birthplace	Morristown Co
Name of person giving information	Asbury Marshall				How related to deceased	Father	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Typhoid Fever				How long	Two weeks
	Immediate	Exhaustion				How long	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
					Address		
Accident or Suicide?							



Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Died at

James Hooper M^c Grath
Near Zion M. E. Church Worcester

Date

of death

1907

Month

Aug

Day

7th

Age

Years

78

Months

11

Days

26

Sex

Male

Color or
Race

White

Birth-
place

Worcester Co. Md.

Occupation

Farmer

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
HusbandLydia A. M^c GrathFather's
NameWilliam M^c GrathFather's
Birthplace

Worcester Co. Md.

Mother's
Maiden Name

Not known

Mother's
Birthplace

not known

Name of person giving
informationLydia A. M^c GrathHow related
to deceased

Wife

CAUSES OF DEATH

18

Primary

Erysipelas in shoulder & arm

How long

3 months

Immediate

Enterocolitis

How long

1 week

Are the name, age, sex, color, date
and place correctly given above?

Yes

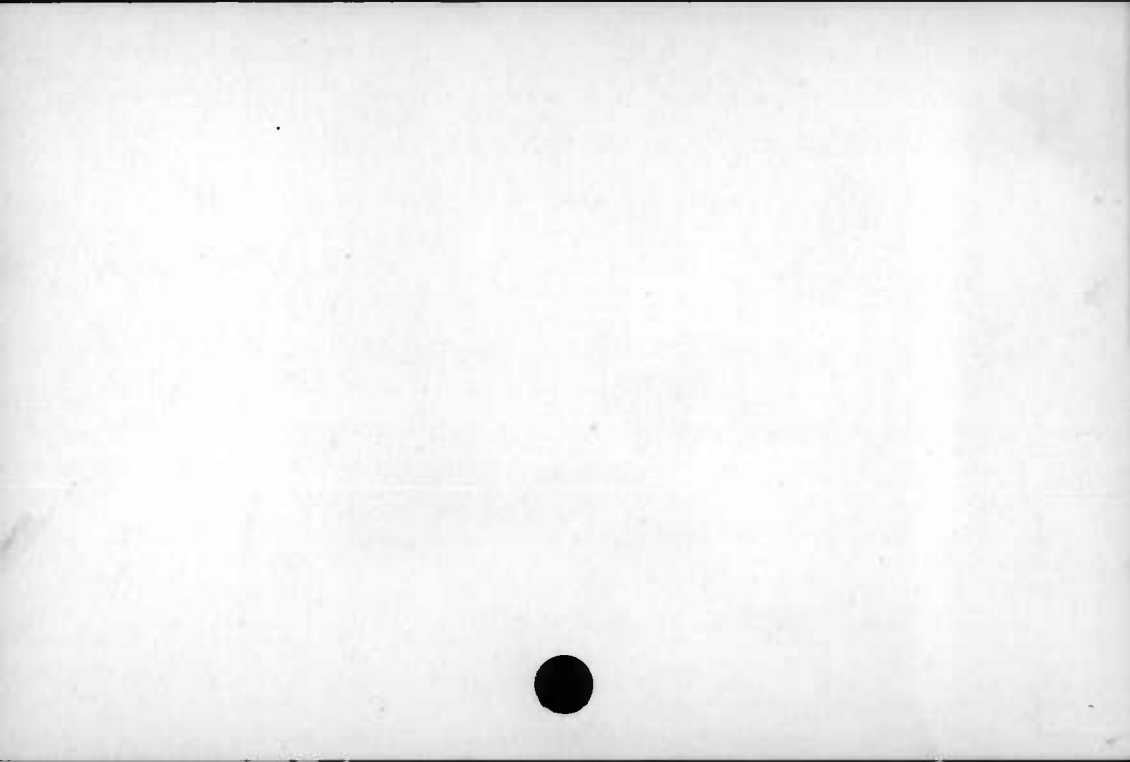
Signature of
Physician

Address

J. M. M^c Grath's
Salisbury Md

Accident or Suicide?

No



Name
in
Full

Lemilla M. Mason

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Goodwill</i> ^{Town}		<i>Monroster</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	Month <i>Aug</i>	Day <i>19</i>	Age <i>67</i>	Months <i>5</i> Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Monroster Co</i>		
Occupation <i>Merchant</i>	Where Residing if not at place of death		—		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Mitchell Mason</i>				
Father's Name <i>Jno H. Hudson</i>	Father's Birthplace <i>Monroster Co</i>				
Mother's Maiden Name <i>Jane</i>	Mother's Birthplace <i>Monroster Co</i>				
Name of person giving information <i>Jda M. Prechard</i>	How related to deceased <i>Daughter</i>				

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

Primary <i>Morine Cancer</i>	How long <i>2 years</i>
Immediate <i>Cancer of liver</i>	How long <i>Several months</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>R. Lee Hall</i>
	Address <i>Pocomoke City, Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Billie M. Nelson</i>		Town <i>Bishopville</i>		County <i>Worcester</i>		STATE <i>MARYLAND</i>	
Died at <i>Bishopville</i>		Month <i>August</i>		Day <i>18</i>		Years <i>22</i>	
Date of death <i>1907</i>		Month <i>August</i>		Day <i>18</i>		Years <i>22</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Maryland</i>			
Occupation <i>House work</i>		Where Residing if not at place of death <i>at home</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>					
Father's Name <i>John Benton Nelson</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Sarah E. Campbell</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving information <i>Paymaster Watson</i>		How related to deceased <i>None</i>					

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Consumption</i>	(27)	How long <i>12 Months</i>	
	Immediate <i>No</i>		How long <i>12 months</i>	
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. Payne Jr.</i>	
	Address <i>Bishopville Md.</i>		Accident or Suicide? <i>No</i>	

Name
in
Full

Mary M. Mumford

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

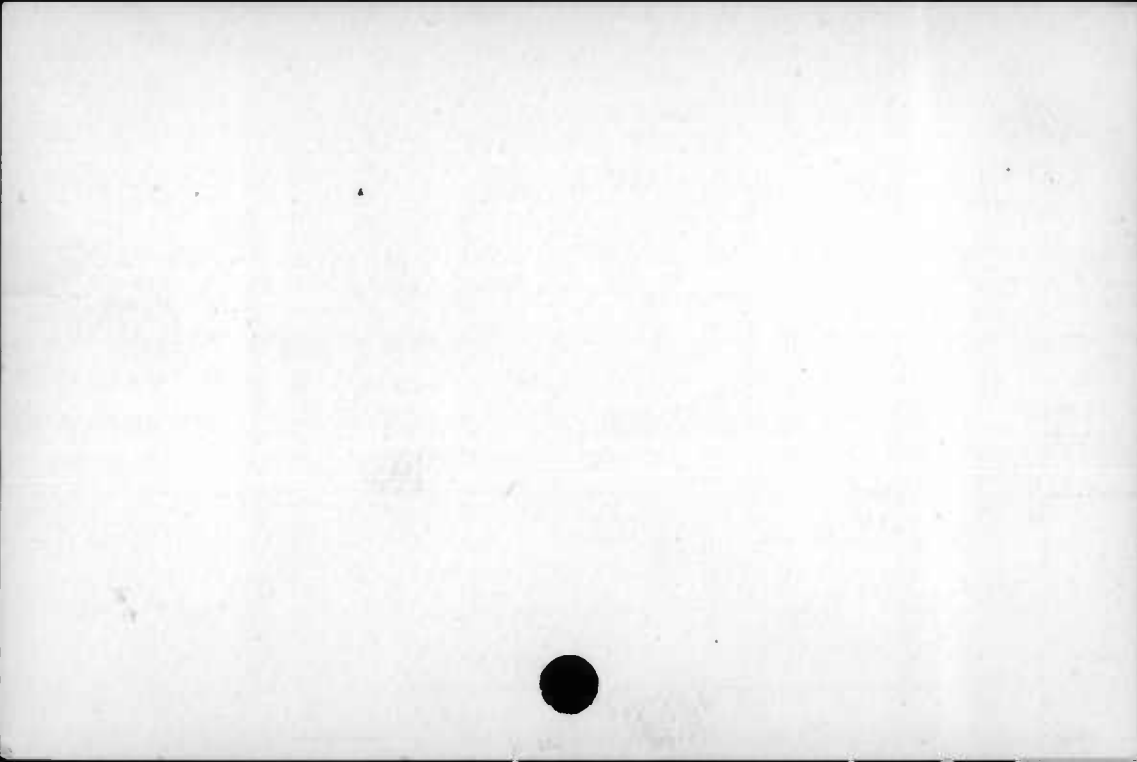
Died at <i>Bellin</i> Town		<i>Weston</i> County		MARYLAND	
Date of death	1907	Month	Aug	Day	20
				Years	89
				Months	10
				Days	11
Sex	<i>Female</i>		Color or Race	<i>White</i>	
Occupation	<i>None</i>		Birth-place	<i>Maryland</i>	
Where Residing if not at place of death					
Married, Single or Widowed	<i>None</i>		Name of Wife or Husband	<i>William Mumford</i>	
Father's Name	<i>Robert Mitchell</i>		Father's Birthplace	<i>Maryland</i>	
Mother's Maiden Name	<i>Mary M. Mitchell</i>		Mother's Birthplace	<i>Maryland</i>	
Name of person giving information	<i>James Mumford</i>		How related to deceased	<i>Grand Son</i>	

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	<i>Bright's disease</i>	How long	<i>1 year</i>
Immediate	<i>..</i>	How long	<i>1 month</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>James Pitts</i>	
		Address	
		<i>Bellin, Md</i>	
Accident or Suicide?			



Name
in
Full

Grace Elizabeth Parker

CERTIFICATE OF DEATH

Died at ^{Town} Box Iron^{County} Worcester

MARYLAND

Date of death 1907 Aug

Day 13

Age Years

Months 6

Days 2

Sex Female

Color or Race Negro

Birth-place Box Iron, Md

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Unknown

Father's Birthplace

Unknown

Mother's Maiden Name

Nora Parker

Mother's Birthplace

Box Iron, Md

Name of person giving information

Nancy Parker

How related to deceased

Grandmother

CAUSES OF DEATH

Primary

Marasmus

151

How long

3 mos

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

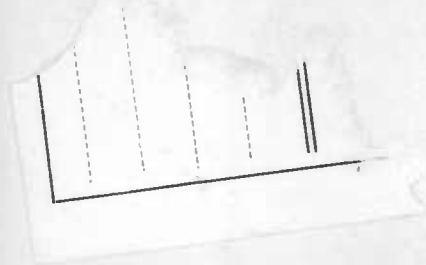
Signature of Physician

Address

John L. Piles
Snow Hill,
Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Adeline Pitts

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

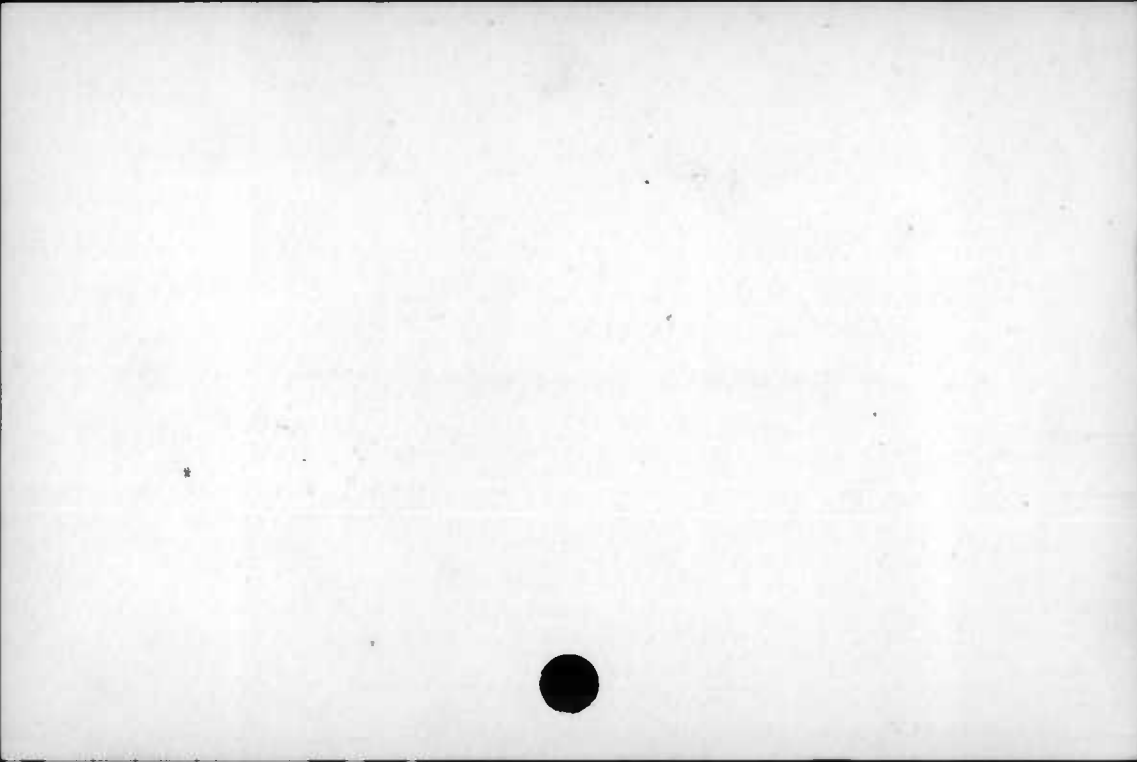
Died at <u>Berlin</u> Town		County <u>ann ardn</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>Aug</u>	Day <u>20</u>	Age <u>80</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>Black</u>		Birth-place <u>Maryland</u>		
Occupation <u>None</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>None</u>	Name of Wife or Husband <u>Spencer Pitts</u>				
Father's Name <u>unknown</u>	Father's Birthplace <u>Worcester Mass</u>				
Mother's Maiden Name <u>Mary Pennimell</u>	Mother's Birthplace <u>Maryland</u>				
Name of person giving information <u>Spencer Pitts</u>	How related to deceased <u>son</u>				

CAUSES OF DEATH

(66)

PHYSICIAN
OR CORONER

Primary <u>Old Age</u>	How long <u>—</u>
Immediate <u>Paralysis</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>E. E. Holland</u>
	Address <u>Berlin, Md.</u>
Accident or Suicide? <u>No</u>	



Name
In
Full

Belmont Richardson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

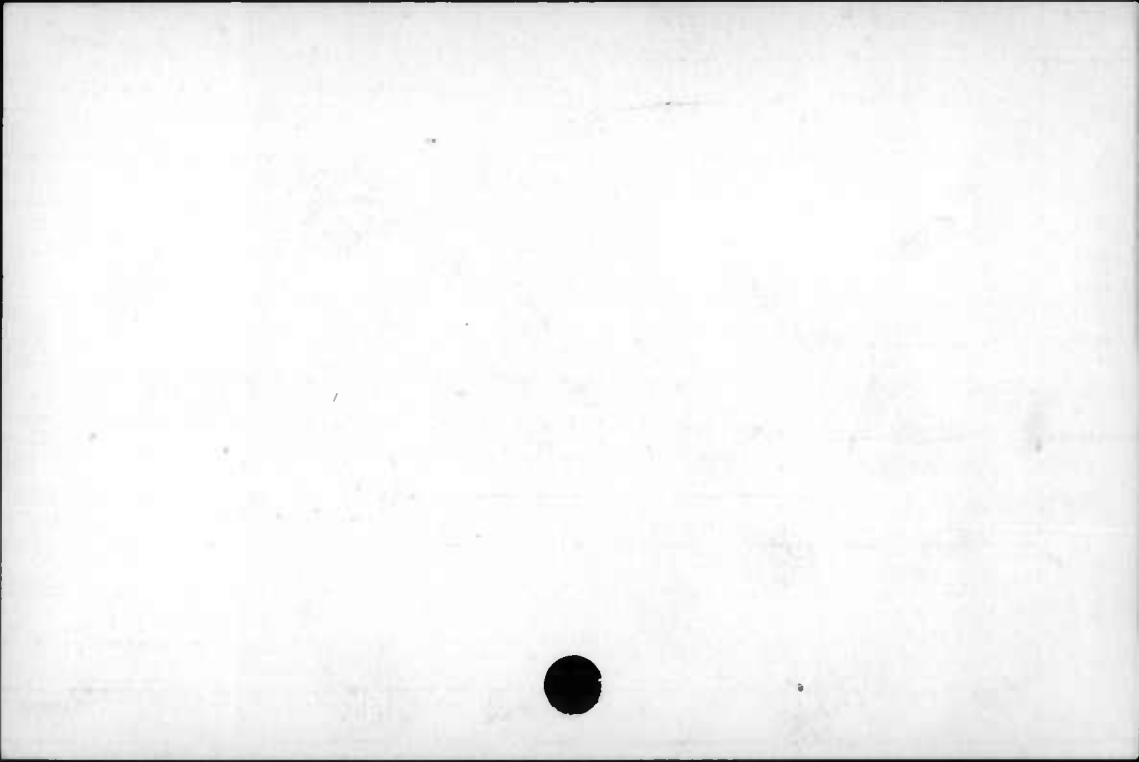
Died at <u>Berlin</u> Town		County <u>Worcester</u>		MARYLAND	
Date of death	<u>1907</u>	Month <u>Aug</u>	Day <u>4</u>	Age <u>—</u> Years	Months <u>4</u> Days
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>Maryland</u>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <u>Alb. Richardson</u>		Father's Birthplace <u>Maryland</u>			
Mother's Maiden Name <u>Katie Gurney</u>		Mother's Birthplace <u>Maryland</u>			
Name of person giving information <u>Alb. Richardson</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<u>Cholera Infantum</u>	How long	<u>10 days</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>Paul Tyndall</u>	
		Address <u>Berlin Md</u>	
Accident or Suicide?			



Name
in
Full

Ellen A. Richie

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

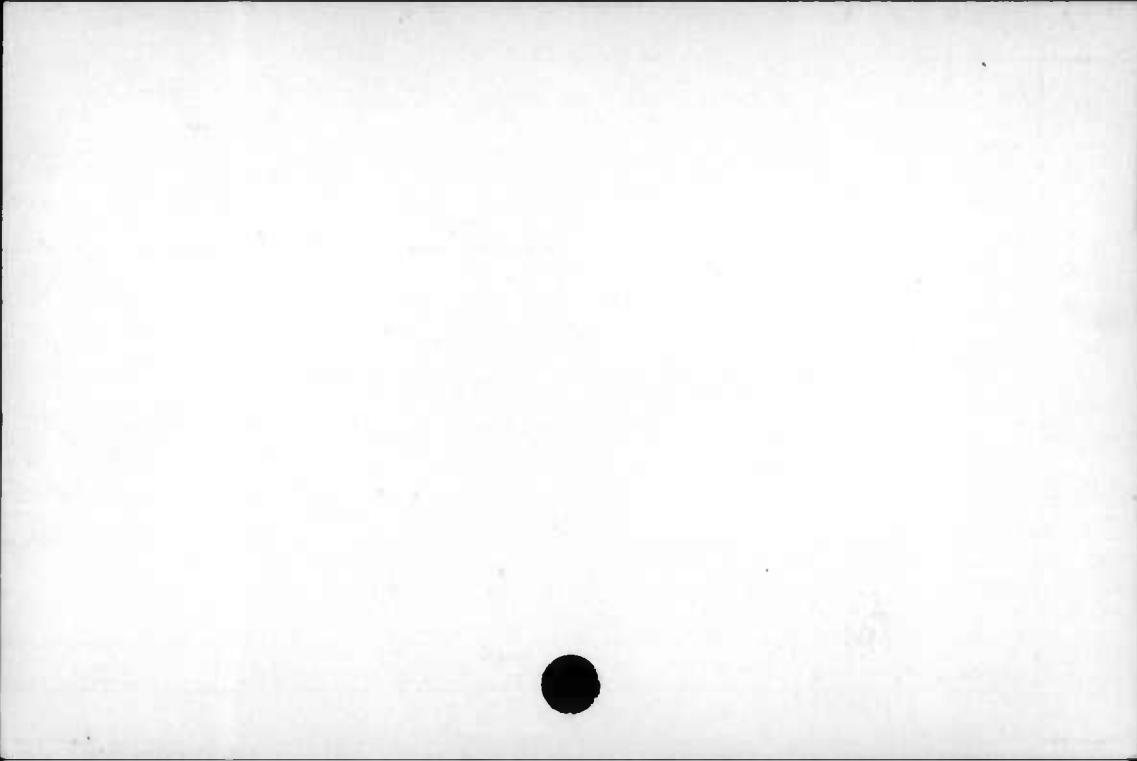
Died at <i>Snare Hill</i>		County <i>Worcester:</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Aug</i>	Day <i>10</i>	Years <i>61</i>	Months <i>3</i>	Days <i>22</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Ind</i>		
Occupation <i>None</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>John Richie</i>			
Father's Name <i>Robert G. Gibson</i>		Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Sarah A. Sturgis</i>		Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>Alax Sturgis</i>		How related to deceased <i>brother</i>			

CAUSES OF DEATH

68

PHYSICIAN
OR CORONER

Primary <i>dementia</i>	How long <i>20 yrs</i>
Immediate <i>Gradual decline</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. Physician in attend, O.T.</i>
	Address <i>Paneford</i>
Accident or Suicide? <i>no</i>	



Name
in
Full

Louie Robbins Infant

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Bethesda Town

County Washington

Date of death 1907 Aug Month

Day 20

Age — Years

Months 8

Days —

Sex Female

Color or Race Black

Birth-place Maryland

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband William

Father's Name William Carroll

Father's Birthplace Maryland

Mother's Maiden Name Louie Robbins

Mother's Birthplace Maryland

Name of person giving information William Carroll

How related to deceased none

CAUSES OF DEATH

173

PHYSICIAN
OR CORONER

Primary Bottle feeding

How long 8 mos

Immediate Stomach (inflammation)

How long —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician E. J. Holla

Address Bethesda

Accident or Suicide? —

nd



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

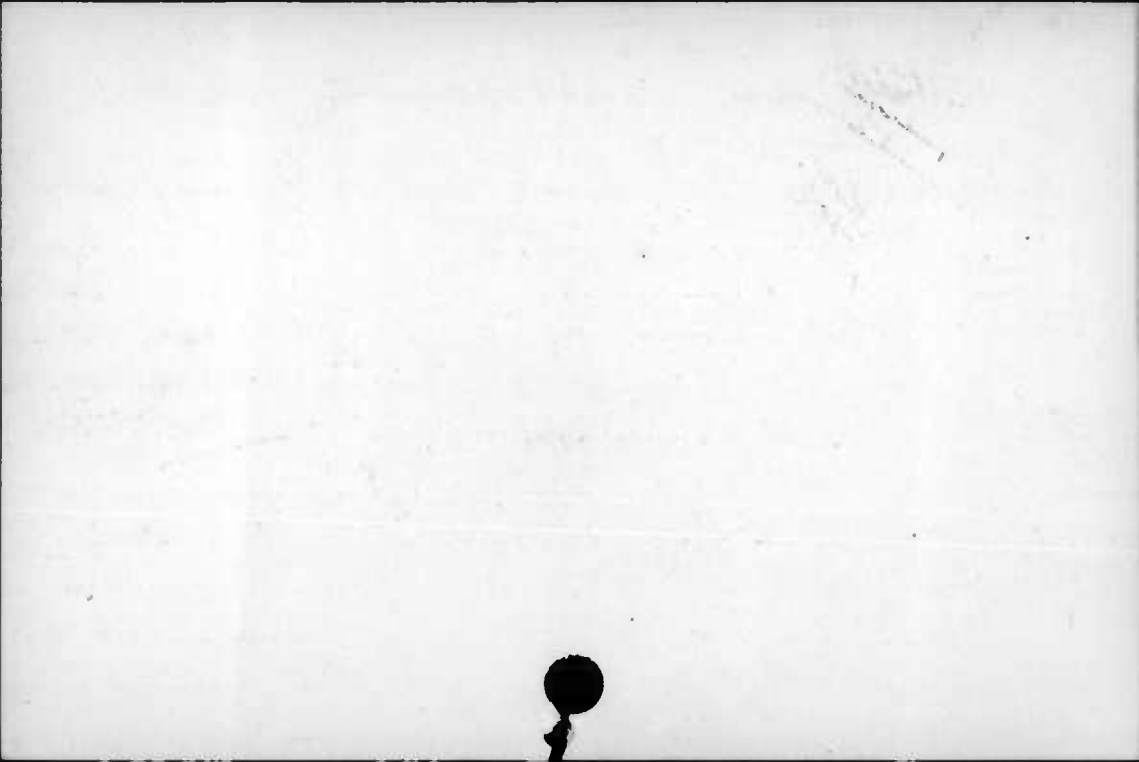
Name in Full <i>Littleton B Smallwood</i>		Town <i>Bishop</i>		County <i>Worcester</i>		MARYLAND	
Died at <i>Bishop</i>		Month <i>August</i>		Day <i>2</i>		Years <i>70</i>	
Date of death <i>1907</i>		Month <i>August</i>		Day <i>2</i>		Years <i>70</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>			
Occupation <i>Hammer</i>		Where Residing if not at place of death <i>at home</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mary A Smallwood</i>					
Father's Name <i>Samuel B Smallwood</i>		Father's Birthplace <i>Mo d</i>					
Mother's Maiden Name <i>Sally Coffin</i>		Mother's Birthplace <i>Mo d</i>					
Name of person giving information <i>Mary A Smallwood</i>		How related to deceased <i>His widow</i>					

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Brain</i>	How long <i>4 days</i>
Immediate <i>Bright's Disease</i>	How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. Collins</i>
	Address <i>Brinsford Ma</i>
Accident or Suicide?	



Name
in
Full

Ramon Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

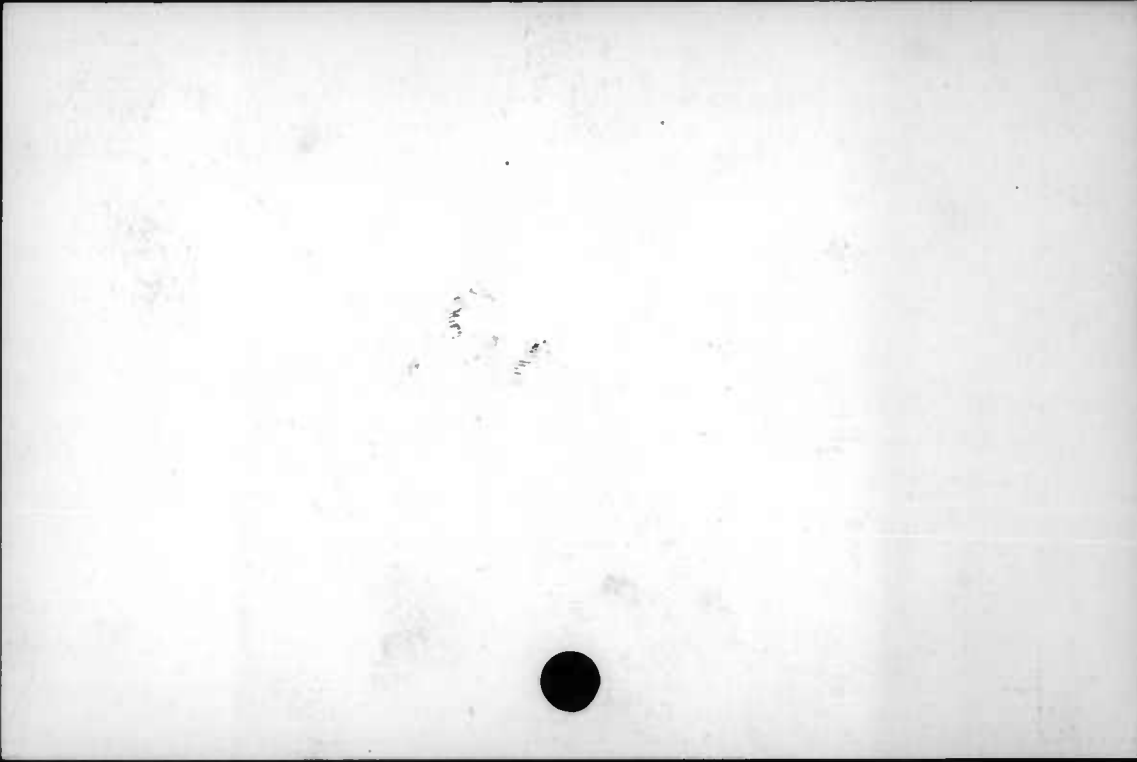
Died at <i>near Berlin</i> ^{Town}		<i>Worcester</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	Month <i>Aug</i>	Day <i>3</i>	Age <i>4</i>	Months	Days
Sex <i>male</i>	Color or Race <i>Black</i>		Birthplace <i>Maryland</i>		
Occupation			Where Residing if not at place of death		
<input checked="" type="checkbox"/> Single or <input type="checkbox"/> Widowed		Name of Wife or Husband			
Father's Name <i>John Smith</i>		Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Lizzie Lewis</i>		Mother's Birthplace <i>Maryland</i>			
Name of person giving information <i>John Smith</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

(61)

PHYSICIAN
OR CORONER

Primary <i>Scrubbed</i>	How long <i>2 days</i>
Immediate <i>Melancholia</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Ebenezer Holland</i>
	Address <i>Berlin Md</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

Charles Sturgis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Snow Hill		County Worcester		MARYLAND	
Date of death		1907	Month Aug	Day 15	Years Age 27	Months	Days
Sex Male		Color or Race Negro		Birth-place Snow Hill, Md			
Occupation Laborer		Where Residing if not at place of death					
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name Demard Sturgis		Father's Birthplace Unknown					
Mother's Maiden Name Sallie Purcell		Mother's Birthplace Snow Hill, Md.					
Name of person giving information Nancy Covington		How related to deceased Aunt.					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Tuberculosis of lungs	How long	2 years
Immediate	" "	How long	" "
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	John L. Pily,
		Address	Snow Hill, Md.
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

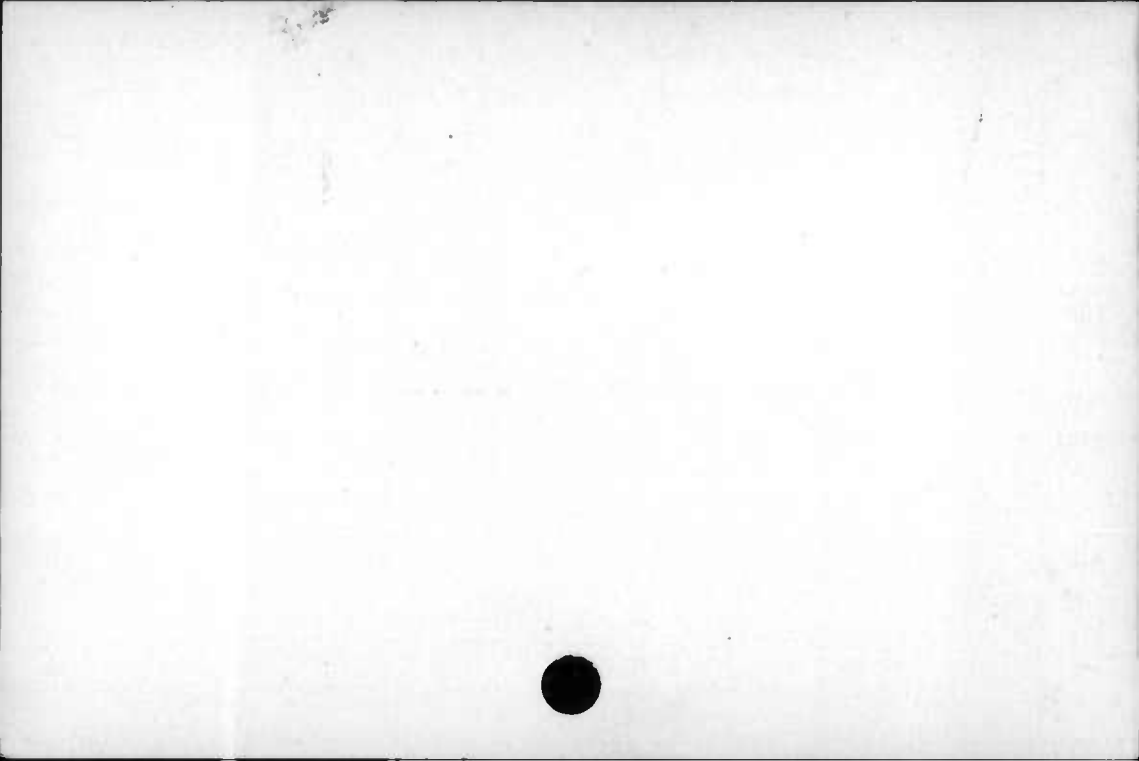
Name in Full Maurice W Sturgis		Town Near Stockton		County Worcester		MARYLAND	
Died at		Month 8		Day 24		Years 24	
Date of death 1907		Months 3		Days 24			
Sex Male		Color or Race white		Birth-place Va			
Occupation Infant		Where Residing if not at place of death md					
Married, Single or Widowed Single		Name of Wife or Husband None					
Father's Name Barney Sturgis		Father's Birthplace md					
Mother's Maiden Name Marie Meister		Mother's Birthplace md					
Name of person giving information Charlie C. Pilchard		How related to deceased uncle					

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	Cholera Infantum	How long	4 days
Immediate	Cholera Infantum	How long	4
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician W. O. Payne, Jr.	
		Address [Redacted]	
Accident or Suicide?			



Name
in
Full

Solic & Edna Turlington

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Pocomoke Town Worcester County

Date of death 1907 Month August Day 9th Age 8 Years eight Months — Days —

Sex Female Color or Race Colored Birth-place Virginia

Occupation none Where Residing if not at place of death Pocomoke

Married, Single or Widowed — Name of Wife or Husband —

Father's Name Albert Ashby Father's Birthplace Virginia

Mother's Maiden Name Annice Smedley Mother's Birthplace Virginia

Name of person giving information Annice Ashby How related to deceased mother

CAUSES OF DEATH

4

PHYSICIAN
OR CORPSE

Primary Malaria et Neuralgia How long one week

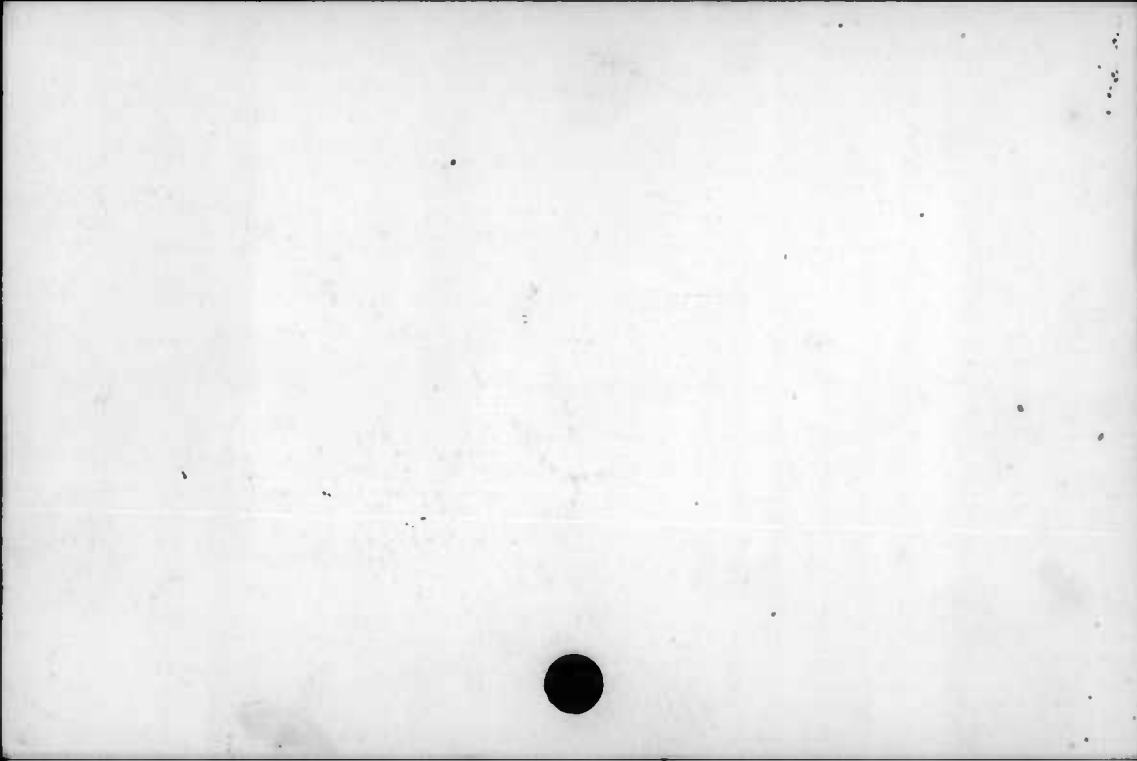
Immediate Neuralgia of heart How long sudden

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician F. H. C. Gering

Address Pocomoke City
Maryland

Accident or Suicide? —



Name
in
Full

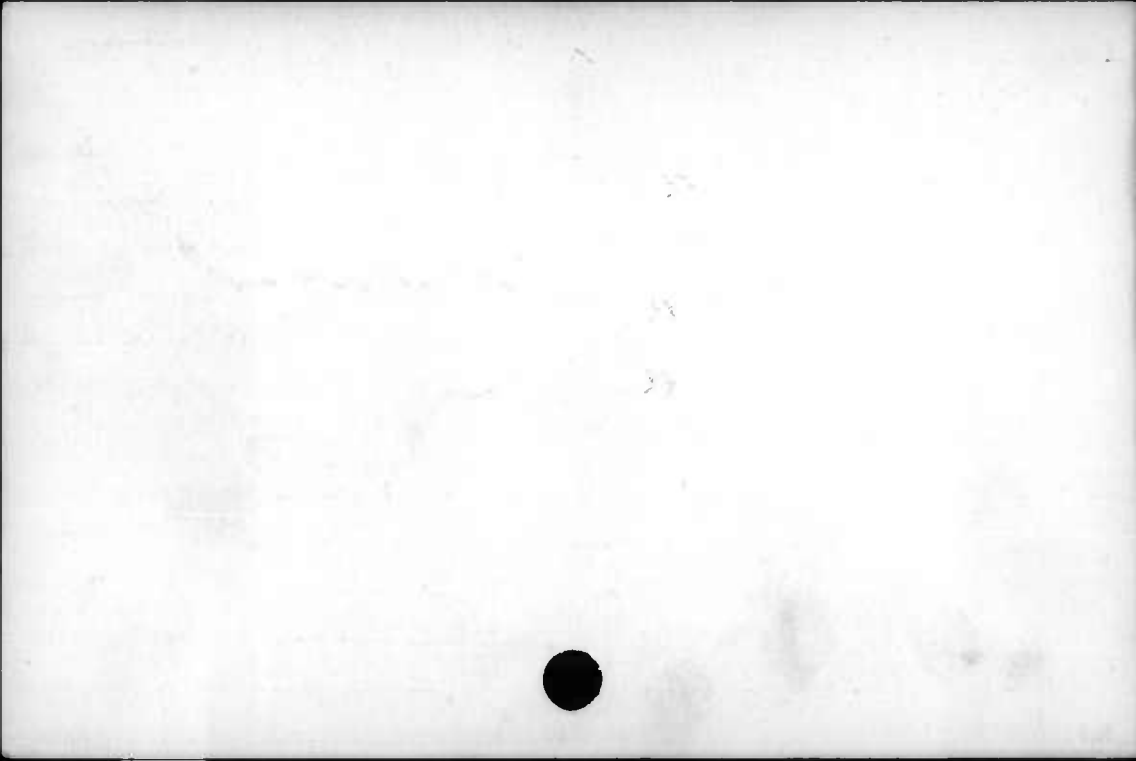
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Elizabeth Ward</i>		Town <i>Pocomoke City</i>		County <i>Worcester</i>		MARYLAND	
Died at		Month <i>Aug</i>		Day <i>17</i>		Age <i>75</i>	
Date of death <i>1905</i>		Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Monrovia Co</i>	
Occupation <i>Domestic</i>		Where Residing if not at place of death <i>Near Pocomoke City</i>					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Luther Ward</i>					
Father's Name <i>Don't Know</i>		Father's Birthplace <i>Monrovia Co</i>					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information <i>Leonard Carter</i>		How related to deceased <i>Son in Law</i>					

CAUSES OF DEATH

Primary <i>Dysentery</i>	How long <i>2 months</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Samuel L. Quinn</i>
	Address <i>Pocomoke City</i>
Accident or Suicide?	



Name
in
Full

John W. Woodland

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ocean City</i> ^{Town}		<i>Worcester</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	Month <i>August</i>	Day <i>21</i>	Age <i>57</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>Banker + Broker</i>		Where Residing if not at place of death. <i>2027 St Paul St. Baltimore Md.</i>			
Married, Single or Widowed		Name of Wife or Husband <i>Martina Johnson</i>			
Father's Name <i>John A. M. Woodland</i>		Father's Birthplace <i>Worcester Co Md</i>			
Mother's Maiden Name <i>Abbott</i>		Mother's Birthplace <i>Worcester Co Md</i>			
Name of person giving information		How related to deceased			

CAUSES OF DEATH

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PHYSICIAN
OR CORONER

Primary <i>Chr Myocarditis.</i>	How long <i>3 yrs -</i>
Immediate <i>Acute Congestion of Kidneys.</i>	How long <i>2 days.</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. W. Keown M.D.</i>
	Address <i>1938 Linden Av. Balt's Md.</i>
Accident or Suicide?	

